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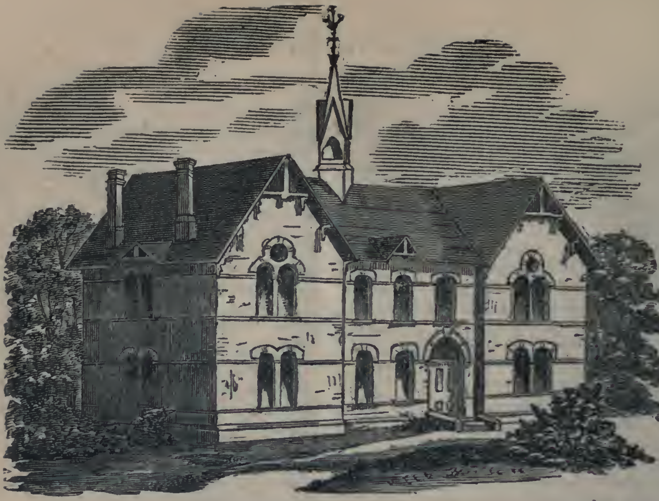

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Lectures will commence on the 2nd of October, and continue for six months. Lectures on Clinical Medicine, Surgery and Obstetrics, will be delivered by members of the staff, at the Toronto General and Lying-in-Hospitals.

For further information, apply to

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THE

CANADA LANCET,

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MEDICAL AND SURGICAL SCIENCE.

VOL. III. JANUARY, 1871. No. 5.

Selected Articles.

TREATMENT OF EPILEPSY.

BY WALTER TYRRELL.

Since the publication of my last papers upon this subject, I am pleased to find that the use of strychnia in the treatment of Epilepsy has been taken up with success by many of the profession, both in this country and in the colonies.

In seeking to cure a disease like epilepsy we must look further than the mere stoppage of the attacks; we must produce some positive alteration in the nervous condition of our patient; we must detect and strengthen that weak spot in the nervous system that allows of the involuntary discharge of nervous power; for it is evidently thus that epilepsy arises. Irritation alone will not produce epilepsy. There must exist a predisposition, a a hypersensitive condition of the nervous system, coupled with a want of power of control; for we see that similar causes of irritation may exist in a number of persons, but in only a very small percentage of these will epilepsy supervene, and in those few a deficient power of control of the nervous system is evidently existing. This is evidenced by the large number of adult epileptics who in early life have suffered from infantile convulsions, a disease identical with epilepsy; the predisposition to this disease has always existed, and the system has readily yielded to exciting causes of irritation.

Although it is my desire to confine myself as far as possible to points connected with the treatment of the disease, yet I feel called upon to notice one or two facts which have recently come under my notice, which strike me as having a strong bearing upon the pathology of this, and, indeed, upon all forms of convulsive disease, more especially with regard to the seat in which convulsions would appear to arise. Believing with Van der Kolk that the medulla oblongata is the centre in which convulsion is organized, it is my habit invariably to examine carefully the upper part of the spinal column in all epileptics who come under my notice, and I have been much struck with the frequency with which pressure in this region will give rise to a species of epileptic aura, arising from or proceeding to some distant part of the body. Thus on making pressure between the occiput and the atlas there is frequently pain or a peculiar nervous tingling felt, sometimes at the pit of the stomach, sometimes down the arms, or it may be in the throat; and in some cases this aura may pass into a modified or even a complete epileptic seizure. In two cases in my practice this has actually happened. The first of these patients was a young lady, E. R., aged twenty. She had been epileptic for nearly five years. She was a strongly built girl, of sanguine temperament. An elder sister, suffering from melancholia, is in a lunatic asylum; the fits first appeared at the commencement of the menstrual period, and were attributed to fright. They came on every ten days or fortnight, but more frequently occurred at the catamenial epoch. They were very convulsive, but she did not bite her tongue. I very soon discovered the effect of pressure upon the upper part of the spinal column, and it was upon the second occasion of my seeing her that an actual convulsion occurred. She described the aura as arising in the throat, coupled with a sense of constriction; this was but momentary. The face became deeply suffused; no cry was given; but convulsions, commencing in the upper extremities soon became general. After this I frequently observed that similar effects could be produced by pressure in this spot, although I never carried it so far as to produce convulsion. The case (with this exception) presented no other special points of interest. It was much benefitted by the use of small doses of strychnia. The attacks now are of a very modified description, and occur at much less frequent intervals.

The second case was that of M. A. W., a young lady aged twenty-six, and the effects, in this case were very similar. She had been epileptic for nine years, the attacks originating, in all probability, in the stoppage of the menstrual flow from exposure to cold. They came on at irregular intervals, were very convulsive, and she bit her tongue badly. She was pallid, and of a highly sensitive, nervous disposition. In this case, as in the last, I found that pressure over the medulla oblongata produced the most distinct aura, the only difference being that the tingling sensation appeared to come from the pit of the stomach, and was accompanied by a slight feeling of sickness. In this case I obtained marked benefit from the use of sulphate of zinc, in combination with the sulphate of strychnia; as the attacks lessened greatly, the aura has become more and more indistinct. I merely mention these facts, as they appear to bear so strongly and to point so distinctly to the seat in which convulsions would appear to be organized.

To recur to the subject of treatment. I wish to point out in what mode of administration and in what doses the greatest advantage is to be derived from the administration of strychnia. On my first trials of this remedy, it appeared to me that large doses were necessary, and on reference to some of my earlier papers on the subject, it will be seen that the doses given were often very large. Lately, however, I have found that the use of very much diminished doses, given very frequently, not only produce results quite as favorable, but the good effects more quickly, and there is less chance of attacks arising from accidental irritations in the early stages of treatment.

Dr. Brown Sequard and others have called attention to the good effects to be obtained by the exhibition of the sulphate of quinine in cases where the convulsive attacks are marked by a regular periodicity. All that can be said of quinine may be said with still greater truth of strychnia. In those cases where disorder has originated in deranged menstrual functions, and where the attacks come on with great regularity at the catamenial period, I always look to strychnia with the greatest confidence.

In my next paper I purpose to define more fully what classes of cases will be found most amenable to this plan of treatment, and I shall illustrate my remarks with cases which have recently come under my notice.—*London Med. Times and Gazette.*

◆

SKIN GRAFTING.

UNIVERSITY OF MARYLAND HOSPITAL.

Michael Graham, aged 26, an Irishman, smelter by trade, was admitted into the hospital March 10th, 1869, having been severely burned on the previous day. Whilst at work in a foundry, in the act of carrying molten iron from the smelting furnace, an accident befel the ladle filled with the fluid metal, by which a quantity of this intensely heated liquid was poured into the boot-top on his left leg, severely burning it from the knee to the ankle. Under the usual hospital treatment of carbolized kerosene oil locally, and the internal administration of opiates, the sloughs cleaned off, leaving the left leg a red granulating surface from just below the knee to the ankle.

As he was the picture of health, a young, strong and vigorous patient, the healing process set in with much activity, and a circle of new skin made its appearance from both the upper and lower edges of the ulcer, and encroached with considerable rapidity upon the raw surface. When this cicatrizing process lost its activity, the further healing was coaxed on by varied stimulating agents, but it finally came to a stand, and after remaining seven months in the hospital he went away, still having a large ulcerated surface upon his leg. At the outer side of the limb the new skin from the upper and lower edges had met, growing into each other. The inner side of the limb was still an open sore. The patient was kept under observation as an out-patient, but the healing process was exceedingly slow.

In July, Professor Chisolm determined to repeat some experiments successfully put into operation by Mr. Pollock, of St. George Hospital, London—experiments suggested and first tried by M. Reverdin, of the Paris Hospital. On July 25th, 1870, in the open sore of this patient was engrafted a very small piece of skin, taken from his chest. The chronic ulcer, still occupying a large area on the inner side of the leg, was about five inches in length by one and a-half to three inches in width The surface of the sore was bright red, secreting pus, with the edges consisting of a thin pink pellicle of skin of apparently low vitality. The patient reported no appreciable progress in healing for many weeks. The ulcer had now existed seventeen months.

Professor Chisolm explained the nature of the superficial portions of the skin; how beneath the epidermis were formed nucleated living cells, which were constantly reproducing their kind—these in turn gradually pushed to the surface as dessicating scales to form the constantly exfoliating epidermis or scarf-skin. He stated that it was not his object to take the outer layer of epithelium, which consisted of what Lionel Beale, of London, called formed or dead matter, cells without nuclei, which had played their part in the living economy, and, possessing no more germinal matter, were incapable of further growth or reproduction. From these dead cells nothing could be expected. The living portion of the small skin graft was the under layer of epithelium, known by anatomists as the Malpighian layer or the Rete Mucosum. In this layer presided the formative power for rapid proliferation, and this was the essential portion to be engrafted. The superficial epidermis was only taken along with it for convenience, as it would be quite troublesome to isolate the living from the dead cells.

The mode of performing the operation was as follows:—A very small fold of skin upon the chest was seized by a fine-toothed forceps, and cut off with a scissors. When removed it was about the size of a-half of a grain of rice. In order to be certain in securing living cells capable of reproduction, the snipping by the scissors was deep enough to draw a drop or so of blood from the small wound. With a sharp-pointed knife an oblique opening was made in the centre of the raw surface of the ulcer, sufficiently deep to enclose the graft. When the blood ceased to ooze from this small incision the graft of skin was thrust well into it, and then a strap of diachylon plaister was applied to retain it in place and protect the planted spot from injury. This dressing was not removed for two weeks. When taken off a small white speck marked the place of grafting. This point rapidly increased in size, and produced a growing island of healthy skin in the midst of raw tissues. Now (fifty-eight days after the transplanting) the new skin has extended to the border of the ulcer, cutting the raw surface into two portions. For the space of an inch square a dry, white cuticle is seen, surrounded by a bluish film, which marks the most recently formed skin. This bluish pellicle has become intimately fused with the old edges of the ulcer.

In this very successful skin grafting process, Prof. Chisolm finds an easy means of rapidly healing chronic ulcers, especially those occurring from accidents, burns, &c., in young and vigorous patients. It is only necessary to multiply the number of grafts of healthy skin, and the raw surface, however large, will soon be covered with a natural integumentary tissue.

I have seen under the care of this surgeon several cases of successful skin grafting—all of them doing well and promising the best results. I have reported the most advanced, the largest and most rapid growth of those cases experimented upon, believing that this new step in conservative surgery cannot but interest all who practise this branch of medicine.—*Baltimore Med. Journal.*

DEATH FROM BICHLORIDE OF METHYLENE.—THE *British Medical Journal* of May 7th reports a case which occurred at Guy's Hospital, after iridectomy had been performed on both eyes. One measured drachm of the anæsthetic was used. While it was administered for the first operation, the patient struggled violently and turned blue. The methylene was withdrawn before the operation was finished, and he became quiet. During the administration for the second operation, his behavior was normal, and complete abolishment of pain was not produced. About three minutes after the operation was finished, his breathing began to grow feeble and the radial pulse failed. Galvanism for ten minutes and artificial respiration for an hour failed to restore the vital functions.

Post-mortem examination failed to throw any light on the cause and mode of death.

FIBROUS POLYPUS OF THE UTERUS.

BY DR. TANNAHILL, PHYSICIAN-ACCOUCHEUR TO THE GLASGOW MATERNITY HOSPITAL.

C. P., aged 23, married, was admitted to the Glasgow Maternity Hospital in August, 1870, complaining of strong bearing-down pains, attended by a profuse discharge of blood from the vagina. She was rather a spare woman, but not particularly emaciated or anæmic. She stated that she had been married for thirteen years, but never had any children or miscarriages. Before marriage she was quite well, and for six years afterwards; the menstrual periods not being attended with anything unusual. About five years ago she noticed her health beginning to fail, but could not assign this to any cause in particular. Shortly after she felt a severe pain in the hypogastric region, which she describes as a "cramp," and ever since she has suffered very much at the monthly periods, there being great pain at those times at a spot just above the pubis, as well as a profuse hæmorrhage, continuing often for about a fortnight. The pain always ceased immediately on the cessation of the discharge. Of late these attacks have been much worse. Throughout all this time the menstrual periods have been regular, and when she applied to a practitioner in town a fortnight ago for advice, it was merely on account of the pain which attended them;—for this she got some anodyne medicine.

On admission, about 10 o'clock p.m., she complained, as above stated, of pains very much resembling those of the second stage of labour, and they had, like the discharge, been gradually getting worse for a week.

On examination, per vaginam, I found a large tumour, so low as to be quite apparent to the eye when the labia were held aside. It had a liver-red colour, and its apex was cleft, giving it very much the feel as well as the shape of the prolapsed uterus. Forty minims of solution of hydrochlorate of morphia were administered to ease the pain, and as this did not seem to have any effect, in an hour and a half 25 grains of hydrate of chloral was given; this last caused the patient to fall gradually into a sound sleep. I did not think the hæmorrhage was sufficiently great to demand any very active treatment that night. On the following morning Dr. Tannahill saw the patient, and on careful examination found that the tumour had its attachment at a point in the cavity of the uterus, an inch within the os on its anterior wall. The patient being put under the influence of chloroform, he proceeded to twist the tumour from its pedicle, which was accomplished with great difficulty, owing to the fact of its completely filling up the cavity of the vagina, so that the hand could not be used with any freedom. After the tumour was removed, no hæmorrhage ensued. Patient got 25 grs. chloral, and on the following morning was found to be much better, the pains being quite gone. She had slept well, and the pulse was good. From this day patient continued to improve rapidly, and on dismissal, six days afterwards, was quite recovered.—*Glasgow New Journal.*

CASE OF EXTRAVASATION OF URINE: RECOVERY.

UNDER THE CARE OF AND REPORTED BY HECTOR C. CAMERON, M.D.

Andrew Crawford, aged 40, was admitted into a surgical ward of the Glasgow Royal Infirmary (of which I was in temporary charge), on 4th Oct., 1869, said to be suffering from erysipelas of the scrotum, which was very red and swollen, while some parts were already black. The house-surgeon in charge ordered poultices to be applied to the scrotum, and brandy and water to be occasionally administered. During the evening he made a certain quantity of water in a distinct stream, and without very great pain or difficulty. I saw him for the first time at the visit the next morning, and found the following state of affairs:—On the bed-clothes being removed, a strong urinous odour was perceptible. The scrotum was immensely distended; the greater part being black and evidently dead, the rest varying in tint from an inflammatory redness to a livid purple. The penis was much swollen, the skin of one side of it being dead from immediately below the glans to its connection with the trunk. The perineum was likewise greatly distended, and the left inguinal region presented a red, angry, and very painful swelling, which extended for some way upwards upon the abdomen. His countenance was pale and anxious, with drops of sweat on the brow, the breathing rapid, the pulse 150 and irregular: yet he was quite intelligent, and suffering no pain. The history he gave was that for seven months he had been troubled with difficulty in passing water. This had of late so greatly increased, *no instruments having ever been used*, that for some days previous to admission he had made water only in drops, the total quantity so evacuated being very small. On the evening of the 1st October, the scrotum began to swell and become painful, and this had increased until it presented, on the morning of the 5th, the appearances described.

The patient being under chloroform, I made three very free incisions into the scrotum, one in the middle line of the perineum, and one above the pubes, giving exit to abundant quantities of urine, some pus, and an amount of shreddy sloughs. I then passed a No. 3 bougie without any difficulty through the stricture, which was situated at about four inches from the orifice of the urethra; and found that the canal immediately beyond it was so freely ulcerated through, that the instrument left the natural passage there and could be readily made to appear through one of my incisions into the scrotum.

It is unnecessary to give the whole progress of the case. He was allowed for some time large quantities of stimulants. Charcoal poultices were applied to the parts until all the sloughs had come away, and these were daily aided in their separation by the use of the scissors. Before long all had separated, and the parts presented very much the appearance of a prepared dissection, the testicles, each contained in its tunica vaginalis, being completely exposed to view. He made an excellent recovery, cicatrization having occurred over the whole granulating surface. His stricture, which did not prove difficult of dilation, admitted, when I last saw him, a No. 12 bougie, and he made water, as a general rule, with comfort, a fistula which remained and threatened to be troublesome having healed.

This case seems to me interesting chiefly in the following respects :—

I. It is a case of extravasation from ulceration behind the stricture. It began on the 1st October; and although the patient was in very destitute circumstances, and had received no medical advice, so gradual was its progress that it did not drive him into hospital before the 4th. This shows pretty clearly that the case was not one of sudden rupture of the urethral walls from violent straining; while the fact that no instrument had ever been passed into the urethra excludes the idea of laceration from such a cause.

II. It is noteworthy that the stricture was relieved by the occurrence of extravasation. On the night of his admission, he made water in a stream for the first time for many days, and the following morning No 3 was passed without being grasped to any great degree. The same thing is said to hold good after puncture of the bladder.* Some time after puncturation, a No. 2 or No. 3 catheter may be successfully introduced, it is said, through a stricture which had previously defied its entrance, so much do the distended bladder and the stricture act and react on one another.

III. The treatment by free incisions produced its usual rapidly beneficial effects. He was decidedly better in the course of a few hours.

IV. Perhaps not the least interesting feature in the case is the wonderful power of repair shown by nature even after such a disastrous occurrence as the loss of nearly the whole scrotum, and the skin of one side of the penis. The loss of his scrotum is marvellously compensated for by the hardy character which the cicatricial tissue has assumed, so that, although his testicles in semblance are more canine than human, their altered condition seems to entail upon him no sense of discomfort or tenderness.—*Glasgow New Journal.*

PUNCTURE OF THE ABDOMEN FOR TYMPANITIS.—The *Dublin Quarterly Journal of Medical Science* for May mentions three cases, in which marked relief was afforded by this operation. Two of these were reported in the *Deutches Archiv fur Klinische Medicin*, by Dr. Stein. In one the distention was caused by the pressure of an ovarian tumor on the intestine. The puncture was made in the cæcal region, and was repeated daily more than fifty times, at the request of the patient. At the *post mortem* scarcely a trace of the punctures could be observed. The second case was that of a man 61 years old. Eight punctures were made in fourteen days, with great relief and no unpleasant results. [This is a mode of treatment which has occurred to us as one that would sooner or later be put into operation, and one that could not be attended with any very serious results: Dr. T. Clifford Allbut reported in the *Practitioner* for February, 1869, the case of a man with double pneumonia, on whom this operation was performed sucessfully for the relief of the most distressing tympanitis. The punctures—two in number—were made over the transverse and descending colon. The patient however died of pneumonia, after obtaining relief to the tympanitis. After death no traces of the punctures could be found, except on the surface of the body. The instrument used was an exploring trocar (No. 1 Weiss).

[The History of the above cases seems to fortify us in regard to our opinions on this subject. We would like the opportunity of seeing this treatment more fully tested, however, before adopting it in our own practice."]

CASE OF PROTRACTED RECOVERY

FROM EXTENSIVE COMPOUND COMMINUTED FRACTURE OF LEG.

BY DR. ELLIOTT RICHARDSON,

Late Senior Resident Physician of the Pennsylvania Hospital.

The uncertainties of prognosis are frequently illustrated by fatal results from apparently trivial causes, while on the other hand, it is sometimes our fortune to witness wonderful recoveries from injuries which would generally be considered almost necessarily fatal, either to life or to the usefulness of the member affected.

The following case possesses some interest, not only on account of the ultimately favorable result, but also on account of the protracted recovery.

A railroad employé, 31 years of age, of good height and physical development, in good health, but not free from the use of alcoholic drinks in excess at times, was admitted to the Pennsylvrnia Hospital, under the care of Dr. W. Hunt, October 29, 1869, suffering from injuries received by being run over on the railroad.

On examination the right thigh was found to be much swollen and discolored, giving evidence of very serious and extensive contusion of the part. The knee-joint was unharmed, but below the knee the limb was extensively injured. On the inner and upper side, about three inches below the joint, was a lacerated surface about three inches in length, communicating by a rather narrower opening with the seat of a comminuted fracture of the tibia. At a distance equal to about one-third the circumference of the leg on the upper and outer side was a wound about an inch in length, which was found to communicate with a fracture of the fibula.

The fracture of the tibia was freely examined at the time, and found to include, as nearly as could be ascertained, the entire shaft of the bone for a distance of two and a half inches to three inches, the fragments consisting of a large one and a number of smaller ones. The fracture of the fibula was not comminuted.

The patient was profoundly depressed at the time of admission, but, gradually recovering, efforts were made to save the limb. He remained in the hospital until April 6, 1870, during which time several fragments of bone were removed through the sinuses, four in number, communicating with the fracture. At the time of his discharge the fibula had united, but the tibia showed no evidence of attempt at union, and the patient, refusing to submit to an operation for the removal of a large fragment of necrosed bone, went to his home.

On the 22d of June I saw and examined the leg. No union had as yet occurred between the two fragments of the tibia. The sinuses still continued to discharge minute spiculæ of bone. On introducing a probe, it was freely passed over a denuded surface of bone for a distance of at least two inches.

When I next saw the patient, October 6, 1870, I found both bones of the leg firmly united. A large amount of necrosed bone could still be detected; but he had so far recovered the use of his limb as to be able to walk with the aid of a cane. There was shortening produced by a marked curvature towards the tibial side, but the muscular developement and usefulness of the limb seemed to be good.

It will be seen, from the above, that nearly a year elapsed before union between the fragments of the tibia occurred, and that it occurred at last between fragments of bone separated two or three inches from each other—*Medical Times.*

Substitute for Quinine.—It is stated, in the *Lancet*, that M. Pavia, an Italian professor of chemistry, has produced an alkaloid from the leaves and roots of boxwood, which he calls bussine. In the experience of several Italian physicians, this substance has been found to possess virtues nearly equal to those of quinine in the treatment of miasmatic fevers. In several cases gastric uneasiness, pyrosis, thirst, nausea, giddiness and tinnitus aurium were attributed to the use of the remedy.—*New Orleans Journal of Medicine.*

ON THE COMPRESSION OF THE VAGUS NERVE, CONSIDERED AS A MEANS OF PRODUCING ASTHENIA OR ANÆSTHESIA IN SURGICAL OPERATIONS.

BY AUGUSTUS WALLER, M.D., F.R.S., GENEVA.

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In my first experiments, more than twenty years ago, when I was studying the subject of compression with reference to hysteria and epilepsy, two cases occurred where compression of the vagus was followed by all the symptoms described by Aristotle.

In each case the patient after moderate pressure fell down as if struck by lightning on the floor before me, like a lifeless corpse, with all the voluntary muscles completely relaxed. Scarcely had I time to become alarmed when sensation and voluntary power returned, although for some time afterwards there remained considerable weakness and debility, though not sufficient to prevent the patient from walking away unassisted.

I must, however, freely own that in most of my observations my object has not been to produce these symptoms, and that I have avoided them as being in general foreign to the object which I had in view. I will therefore reserve for another occasion a statistical account of the effect produced on a given number of selected or unselected cases. Meanwhile I will mention the results I have obtained by means of this method as applied to surgery; but in so doing, I must premise that, practically speaking, it is desirable to class the symptoms under two heads, viz., the asthenic and the anæsthetic.

The asthenic symptoms, which at their culmination constitute loss of all voluntary power, present various intermediate degrees of intensity of muscular debility. A certain amount of debility is almost invariably the result of vagal pressure, resulting entirely or mostly from incident influence on the medulla oblongata, and evidenced especially by failure of the cardiac force, and loss or decrease of pulsation in the carotids.

In cases of dislocated bones of difficult reduction vagal pressure presents several advantages possessed by no other means with which I am acquainted, as it is unattended with any kind of danger, and is always at hand in any emergency, however sudden. As an illustration of this I may state the following case of very recent occurrence:—

M. C——, a journeyman baker, a powerful and athletic man. In consequence of a fall downstairs the head of the humerus was dislocated beneath the clavicle. Dr. G. Julliard, whose patient he was, made an ineffectual attempt in the morning to reduce alone the fracture by placing his heel in the axilla. Some hours later Dr. J. L. Prevost and myself accompanied Dr. Julliard to give our assistance.

While the man was lying on the bed some unavailing attempts at reduction were made, when Dr. Julliard sent for chloroform. In the meantime I proposed to make another attempt with the assistance of compression of the vagus. After removing the pillows at the head, and arranging the patient more comfortably than before, I took my station at the head of the bed to apply compression on both sides, while Dr. Julliard grasped the limb, and Dr. Prevost performed counter-extension. At the end of two or three minutes, as near as I could judge, just as I felt the two carotids no longer beating beneath my fingers, a sudden click indicated the return of the bone into its socket.

In this instance, although the chloroform had only to be procured from a chemist's in the same house, the patient was bandaged and arranged comfortably before the messenger returned with the chloroform.

This case, however, offers but a faint instance of the advantage attendant upon a means of asthenia always ready at hand in the various emergencies of country practice.

The advantages of vagal compression as compared to chloroform are great from the relative innocuousness of the former agent. The administration of chloroform in the most skilful hands, and while surrounded with all the appliances of hospital practice, is still undeniably attended with a certain amount of danger, which is greatly increased when there is no medical man present to watch its effects. So much is this the case that, as Dr. Prevost pointed out to me, there were three fatal cases from chloroform within a few days' interval in the different hospitals of Paris, where it was administered for the purpose of reducing discolation of the head of the humerus.

On the other hand, compression of the vagus is perfectly free from any danger whatever to life. I have used it in the most varied circumstances, and have never yet witnessed any instance whatever to inspire me with anxiety or doubt as to any fatal consequence.

To the ordinary observer the the effects of vagal pressure appear to be attended with considerable danger, which is, however, more apparent than real. In the case of an individual falling to the ground as if struck by lightning with all the symptoms of insensibility so graphically described by Aristotle, the heart is always found to be pulsating, and the respiration in play; moreover the physiologist knows of no means of permanently affecting the muscular irritability of the heart by any agents, either mechanical or electrical, applied to the trunk of the vagus. Indeed the two vagi may be divided, as is well known, without arresting the action of the respiratory or the circulatory organs.

It is quite different with the ordinary anæsthetics, particularly chloroform, whose influence continues to accumulate in the various muscular organs, especially the heart, gradually destroying their irritability so insidiously that death may be imminent without our being aware of it. The only way to ascertain this death of the heart in the case of an animal is to expose and subject it to galvanism, when we observe that the toxic influence of the chloroform has destroyed its power of reacting under the influence of electricity and other agents.

We cannot shut our eyes to the fact that the danger attending the administration of chloroform is still considerable in the laboratory of the physiologist, even in the comparatively healthy subjects with which he has to deal, and until this danger can be obviated it is almost hopeless to expect perfect immunity in the operating room.

Guided by the ideas I have above enounced, regaading the nature of the cases where vagal pressure is most applicable, I have lately tried it in a case of tooth extraction. A molar tooth was extracted from an out-patient of the Hôpital Cantonal by one of the house-surgeons. While the patient was seated I was prepared at the back of the chair to apply pressure on both vagi. As soon as the key was gently applied round the tooth I began the pressure, and gave a sign for the operator to commence. The result was perfectly satisfactory. According to the statement of the patient she had suffered no pain, and was most enthusiastic in her thanks to me. At the moment of extraction the patient cried out, which, however, occurs in many instances with chloroform, where, as in this case, the patients afterwards declare they have not felt any pain.

To resume the foregoing observations, we may say in the first place, that vagal compression generally produces a state of asthenia very suitable for the reduction of disoclations, &c., and that its application in such cases presents several advantages over chloroform, and is attended by none of its dangers. Its use may be considered as indicated in all cases of difficult reduction previous to the employment of any of the ordinary anæsthetics.

Secondly, in the case of tooth extraction, its employment produced, according to the patient, insensibility to pain, and it may probably be employed with advantage in many cases of the sort, and also in minor operations, such as for phimosis, &c.—*Practitioner, Dec.* 1870.

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THE WONDERFUL TWINS—TWO HEADS ON ONE BODY.

BY R. Z. SEEDS, M.D., HILLIARD, OHIO.

Seven miles east of Ashley, Morrow county, Ohio, lives a Mr. Joseph Finley, the father of the most wonderful living children known in the annals of history. The Siamese twins compared with these sink into insignificance. If there has ever been, either still-born or living, such a monster or monsters (I hardly know whether two or one), I have never heard of it. Mrs. Finley was delivered of these children the 13th day of October, 1870. The actual period of labor lasting only twenty-five minutes; or at least they were born in twenty-five minutes after she awoke. A midwife performed the duties of the accoucheur, labor being so precipitate as not to permit the calling of a physician. She stated to me that labor was much more painful than with any of her three former children.

Mrs. Finley met with no injury during pregnancy of any moment that could have anything to do with this strange malformation, with the exception that, about the middle of the third month of utero-gestation, while going into the house, she fell on the steps at the door. She states that from this time until she was delivered, "she never felt right." There was but one placenta, which was expelled in about twenty minutes with but little hæmorrhage.

These children measure from occiput to occiput twenty and a-half inches, the heads being directly on each end of the body. To a casual observer there is no difference in the two extremities, the two faces looking very much alike, but by actual measurement the circumference of one head is about three-quarters of an inch greater than the other. Some physicians who have examined it express an opinion that the vertebral column is continuous, or that there is but one. But when I tried to trace it through with the finger, I was unable to do so, but lost it about the middle. I could detect but one umbilicus. There is but one anus, the recti, I think, uniting somewhere near the orifice; and a singular fact is that when one evacuates the bowels, in the course of a minute or two the other always does the same. There is but one vaginal opening, and the same is true with regard to urination as in defecation. From the umbilicus either way the children are well developed—thorax, arms, hands and head. Two legs protrude from either side, right and left. From the one they are nearly normal, seven and a-half inches in length, of normal thickness, &c. From the other side two, but both enclosed in one integument, only four inches long, with ten toes.

The action of the children, I think, is entirely independent of each other. When we entered the room one was asleep while the other was nursing. One will sleep while the other is crying. The mother also nurses both at the same time. The children take nourishment eagerly and grow very fast, and I think their prospects for long life are as good as any children I ever saw. They are named Minnie and Ninnie.

This is an object of great interest to the profession, and well worth visiting. I will not attempt to comment on it, but would be pleased to hear from those who are able to explain the mechanism of so wonderful a freak of nature.—*Medical Repertory.*

EXCISION OF THE ENTIRE SCAPULA.

BY M. SCHUPPERT, M.D., OF NEW ORLEANS.

The patient, a female, aged 36, suffered from a large tumor, comprising the right scapula, for which she had already undergone three operations. The first time she was operated upon in 1859, by Dr. Beck, a military surgeon in Freiburg; the second and third time in 1866 and 1867, by Drs. Miller and Gauss, in Baden-Baden, but by these operations the scapula had remained intact.

The skin covering the tumor was rich in cicatrices, the marks of former operations. These cicatrices presented a bluish color and a smooth surface; were much thinner than the surrounding skin, and, like the rest of the integuments, moveable over the tumor. The tumor, from its posterior margin to the acromion process, measured 0.18 metre, the largest in a vertical line being 0.21 metre. Active motions of the humerus were nearly arrested, the passive motions very much limited. The extremity could not be further removed from the body than to an angle of 45°. The extensive pain patient suffered in the arm brought her to me in search of relief. Having given her consent to a proposed removal of the entire bone, the operation was accordingly performed on the 30th of March, 1868, in presence of Drs. Barnes, Gray, Geutebruck, Riley, Schwarzwaelder, and some other medical gentlemen. Patient being in a deep chloroform narcosis, a crucial incision was made through the skin—one cut, beginning at the acromion process and carried over the most protuberant part of the tumor, ended near the spinal column; a second incision, over the middle of the tumor, bisected the first. The four skin flaps were dissected off and held back by sharp hooks. The acromion process was divided with a small saw. laying bare at the same time the scapulo-humeral articulation, The head of the humerus was then, by rotating the arm, dislocated inwards, to get at and remove the coracoid process. Lifting up the scapula by its glenoidal cavity, which was found to be involved in the disease, the whole of the scapula was detached from the body by keeping the knife close to the under-surface of the tumor. The removal of the tumor left the ribs visible through the cellular tissue, which was all that remained of the sub-scapularis muscle, lost in the diseased mass.

The bleeding was inconsiderable, the main vessels having probably become obliterated by the former operations; with the exception of a few muscular branches, no arteries had to be ligated. The skin flaps were adjusted and united by uninterrupted pin sutures, leaving an opening at the most dependent part to permit the draining of the secretion. Acet. of morphia, 0.03 gramme, was sub-cutaneously injected. After patient had perfectly recovered from the anæsthetic condition, she was unconscious that the operation had been performed. The arm was bandaged and kept close to the body, supported by a sling.

Patient suffered much nausea subsequently and vomited during several days from the effects of chloroform. No unfavorable symptoms happened to require medication. A nourishing diet was ordered from the first day and continued during the convalescent state.

The sutures were removed on the third day. Most of the incisions had healed by first intention. Suppuration was considerable, and notwithstanding the well draining of the wound two abcesses formed in the arm, discharging a great quantity of pus. The wound was syringed out daily with glycerine containing ten per cent. carbolic acid. On the 10th of June, the last secreting opening had closed.

At the present date, eighteen months after the operation, there is no indication of re-appearance of the disease in any part of the body. The skin, of which no part had been removed, though after the excision of the tumor it formed a large sac, has so contracted that a part of the cicatrix forms now a portion of the covering of the humerus. The patient, who enjoys excellent health, has thrown away the sling long ago; the arm has no artificial support, and is a more useful instrument than before the operation. Though its motions are limited, there is sufficient strength in the extremity to lift a weight of thirty pounds and throw it a fair distance.

The tumor weighed nearly six pounds, and measured respectively 0.35 and 0.40 metre in circumference. From the original scapula but one-third of the spina, a small portion of the coracoid process and the centre of the glenoidal cavity remained intact; all the rest was involved in the growth. The tumor consisted of hyaline and fibro-cartilage, with deposits of carbonate of lime in the interspaces of the cartilaginous tissue.

Towards the centre true ossification had taken place. We have to consider it, therefore, to be an osteochondroma.

Those interested in the history of this operation I refer to a valuable contribution of Dr. Stephen Rogers, of New York, in the *American Journal of the Medical Sciences*, October, 1868.

A BLIND DIAGNOSIS.

BY F. O. TICKNOR, M.D.

The following *case*, curious in itself, will serve to illustrate the value of a little care in diagnosis, and add, perhaps, an instructive paragraph to the great *inedited* volume of medical blunders.

Nettie B——, brought from a distance, was submitted to my care, as a sufferer who had exhausted the resources of the medical science, and was seeking only relief from pain for her few remaining days.

The case came labeled by my brethren of the faculty as one of "*Bind Piles*."

I found the patient a mere anatomy, in a necklace of *buck-eyes*, and surrounded by representatives from every other known and unknown pile remedy.

"How old?"

"Forty!"—apparently sixty.

"Your trouble?"

"Constant tenesmus; something in my bowel that I cannot pass off!" Add, hectic fever, &c.

"Has your bowel been examined?"

"Never. The doctors all said 'blind piles,' but nothing has ever done me any good."

"Any children?"

"That is my youngest." (A lusty screamer of six months.)

Examination of the rectum revealed nothing beyond so much irritation as might arise from such topical applications as sulp. cupri., which she had been instructed to use assiduously by enemata.

But outside of the rectum, and anterior to it, the finger could trace the outline of a huge tumor, smooth, fluctuating, and of a general character, which at once invited attention to the uterus.

Per vaginam, the same tumor was evident, and was soon discovered to be the uterus itself, loaded with a *fœtus* and its accompaniments.

Gentle friction over the pubes (*a la* Dewees) immediately threw the organ into action. The membranes protruded, were ruptured; a hand followed; was replaced; the feet brought down, and the woman delivered of a four months' fœtus. Decay had advanced until, in spite of care, the head parted from the body while clearing the arch of the pubes. This was soon recovered, and the secundines removed.

The woman went to sleep, and has progressed to complete recovery without a bad symptom.

Was the child a "twin," dying at the period of quickening, and retained through the labor which gave birth to the other child, and for six months thereafter—occupying the womb for fifteen months in all?

Or, did she conceive in a month or two after her confinement?

However this may be, as the rectum and anus were in a state of sanity which half Christendom might covet, we are clearly justified, I think, in transferring the epithet "*blind*" from the piles to the diagnosis.—*Nashville Med. Journal.*

DR. HUGHES BENNETT ON ANÆSTHESIA.

Dr. Hughes Bennett, at the meeting of the British Medical Association, stated that "he had always considered that anæsthesia was due to the pressure on the brain, caused by an alteration in the circulation—for instance, congestion of the capillaries. No doubt it was by the same kind of mechanism that sleep was produced. The regular or irregular action producing sleep was a kind of congestion in the brain. Dr. Richardson gave the preference to bichloride of methylene, of which there was not yet much general experience. It was asserted by the American surgeons that there never had been a death caused by sulphuric ether; but how far that was correct he did not know. Dr.

Richardson had stated the proportion of deaths from chloroform to be 1 in 2,500. But there were many deaths from chloroform that were never published. As was well stated in the paper, death from chloroform was one of the most dreadful things that could occur. He (Dr. Bennett) knew of one very sad case that happened in Edinburgh. A young and beautiful lady, daughter of a barrister, in perfect health, went to a dentist's house one morning, and had a tooth extracted. Five minutes afterwards she was dead. This was only one of many similar cases that had occurred, but had never been published. If a safe—positively safe—anæsthetic were to be discovered, which, though perhaps not so agreeable, would have the great advantage of safety, he thought that a very great blessing would have been obtained. The question was, Did sulphuric ether or bichloride of methylene give that safety ?—*British Med. Journal.*

NOVEL MODE OF CONTROLLING HÆMORRHAGE.

BY J. H. HOBART BURGE, M.D.

Surgeon to Long Island College Hospital, President King's County Medical Society, etc., etc.

June 16, 1870, Mrs. D. summoned me in haste, the messenger announcing the fact that she had lost a quart of blood. I found her sitting up and quite comfortable. She said she ought to have three weeks yet before confinement, but, though she had had no pain whatever, she felt that labor would not be deferred many hours. She had lost more than a pint of blood on two previous occasions during this gestation, and the present hæmorrhage was much larger. I told her she must lie down immediately, and not rise again until she was delievered. I found, as I expected, a margin of the placenta presenting. The liquor amnii had so completely drained off that the outlines of the child were easily recognizable through the abdominal walls. The examination excited some pain, and immediately hæmorrhage recurred. I observed that during the pain the pressure of the child's head upon the placental edge completely controlled the hæmorrhage, and that the moment relaxation took place the flow commenced. Taking advantage of this indication, I grasped the uterine tumor and pressed steadily in the direction of the os. This I continued with perfect success for two and a half hours, when a living child was born, and the placenta followed without interval of time.

During all this period, if I relaxed my pressure when the uterus was not in a state of contraction, hæmorrhage was sure to commence immediately. In a prize essay written by Prof. James D. Trask, and communicated to the American Medical Association, fifteen years ago, I find the following sentence: "Rupture of the membranes by permitting the escape of the liquor amnii, and allowing the direct pressure of the presenting part against the placenta, is, for the most part sufficient to restrain hæmorrhage in partial presentations, but usually proves insufficient when the presentation is complete."

I learn from the same source that Mauriceau, as early as 1682, introduced the practice of rupturing the membranes in cases of partial placenta prævia, whenever it was possible to do it, "with the hope of securing increased contractions of the womb."

Dewees and Baudelocque both opposed it, "because of the difficulty of its performance and the risk of increasing the hæmorrhage by separation of the placenta." Besides, they asserted that it very seldom stopped the hæmorrhage, and the draining off of the liquor amnii was a serious source of embarassment in case version became necessary. In my case, the membranes were already ruptured, so that I had no responsibility in the matter, but whether ruptured spontaneously or designedly, I find nowhere any recommendation of the practice which I instituted and found so efficient. If it is new, I am glad to contribute it as an additional means of success in a class of cases always sufficiently grave. If it is old, those who are greater readers in this department will soon advise me of the fact.—*N. Y. Med. Jour.*

A STRIKE AMONG DOCTORS.

The Medical Society of Camden, New Jersey, has bound its members not to make official *post-mortem* examinations for less than from twenty to fifty dollars—the price hitherto paid by the authorities being ten dollars. A strike among doctors is a rare event, though we cannot see why they have not a common right with others to the luxury.—*Pacific Medical and Surgical Journal.*

STERCORACEOUS EMANATIONS AS A CAUSE OF DISEASE.

The agency of effluvia and of subterranean percolations from human feces, in producing various forms of disease, is considered by many medical writers as a well established fact. The odor of feces is reported in some cases to have given rise to severe endemics. Cholera is said to have been propagated in this way, and also by percolation from privies into wells at some distance, though the water may appear to be quite pure when tried both by sensible and chemical tests. This fecal theory is the best theory extant for strategic purposes. Wherever man is, feces must be near at hand; and a lively imagination can always trace the subtle poison rising in the air and entering the lungs, or sinking into the earth and impregnating the water of springs and wells, and thus reaching the human stomach. Take the following illustration, from no less a personage than Dr. Anstie: "A country town, without deep drainage, disposes of its sewage in cess-pools; and the limited space in which the houses stand renders it inevitable that the drinking wells should be within a very short distance of the cess-pools. From the latter a continual oozing of decomposing organic matter takes place, and more or less of this finds its way into these wells. For years possibly no particular harm can result. But at length there was a long, dry summer, which reduces the water to a low ebb, and concentrates the impurities, besides favoring decomposition. In such circumstances typhoid fever breaks out among the persons who drink the water."

Now it so happens that this description applies exactly to the city of Oakland, and has applied to it every year since its existence; and yet there has never been a typhoid endemic in the place, while several sparsely settled rural districts in Alameda county, where the water of springs is used, which could by no possibility be impregnated with such impurities, have been frequently visited by that disease. It is worthy of note that no account is taken by Dr. Anstie of the "long, dry summer which reduces the water to a low ebb," as a climatic cause of disease. There is overlooked in his etiology only as it affects the water; whereas, every one knows that just such summers are favorable to ordinary autumnal fevers in all malarious regions of country.

According to our observation, typhoid and typho-malarial fevers prevail quite as much in California, in rural districts where fecal impurities of the water can not exist, as in towns where wells and cess-pools are in proximity. The towns, indeed, are more exempt than the country.

We never have had any faith in the fecal theory. We regard it as one of the bubbles of the day, which will disappear before many years, and return by-and-by, like a comet from its wanderings, to amuse a future generation of medical philosophers.—*Pacific Med. and Surg. Journal.*

A NEW REMEDY FOR CATARRH.

A recent number of the *Heilbronn Memorabilien*, (Germany,) contains the following resume of an article on the nature and treatment of catarrh, by Dr. M. Frank, of Munich.

Nasal catarrh should always be regarded as an infectious disease. The infectious principle is chiefly transmitted to the nasal passages in the air of respiration, which very soon manifests its action in a profuse watery secretion from the mucous surfaces. The affection is then propagated along the lachrymal ducts to the conjunctival membrane, into the pharynx, Eustachian tubes, larynx, trachea and bronchial tubes, with the accompanying train of symptoms in these organs; or the affection may extend down the œsophagus, into the stomach and intestinal tract, with the corresponding morbid phenomena. In most instances, where the intensity is not great, it runs its course in from seven to eleven days. With many the febrile state, sense of weakness, and feeling of discomfort generally are so great that the patient will take to his bed, or the necessity of continual cleansing of the nostrils, or sometimes the just appreciation of the danger to others, will cause him, for the time being, to avoid all society.

The constant neglect of colds, or ordinary catarrh, on account of its being regarded a trivial affection, is a matter of daily observation, and which led Hufeland to assert that a greater number of people died of it than from the pest.

Dr. Frank recommends the following treatment, which he has practised for two years, with constantly favorable results:

Immediately on the approach of the first symptoms in the nasal passages, the patient is directed to use a weak solution of the hypermanganate of soda as a disinfectant.

Enough of the hypermanganate is added to a goblet full of water to give it a cherry red color.

A handful of this solution is snuffed up the nostrils every couple of hours, using the precaution to blow out carefully after each operation. If the pharynx has become affected, the same should also be used as a gargle. Usually before the end of the second day all symptoms have disappeared.—*Chicago Examiner.*

Weight of Human Brains.—The *Medical and Surgical Reporter* of July 8th quotes from the *Journal of Mental Sciences* this table of the weight of the brains of several distinguished men:

	Age.	Oz.
Cuvier, naturalist	63	64.5
Abercrombie, physician	64	63.
Spurzheim, physician	56	55.06
Dirichlet, mathematian	54	53.6
De Morny, statesman and courtier	50	53.6
Daniel Webster, statesman	70	53.5
Campbell, Lord Chancellor	80	53.5
Chalmers, celebrated preacher	67	53
Fuchs, pathologist	52	52.9
Gauss, mathematician	78	52.6
Dupuytren, surgeon	58	58
Whewell, philosopher	71	49.
Hermann, philologist	51	47.9
Tiedemann, physiologist	80	44.2
Hausmann, mineralogist	77	43.2
[To these may now be added		
Simpson, physician		54
McGee Canadian Statesman		59] Ed.

DISEASES OF THE HEART.

Dr. Horace Dobell, in one of his communications to the *Medical Press and Circular*, on Pain at the Heart and in its neighborhood, dwells upon the significance of pain in the *pomum adami*, which, according to his experience, "is one of the most fatal symptoms which we meet with in connection with diseases of the heart."—*Lancet and Observer.*

◆

DIFFERENCES OF OPINION BETWEEN MEDICAL MEN LESS THAN BETWEEN MEMBERS OF THE LEGAL PROFESSION.—Reference is often made by public writers to the conflict of opinion which is commonly found amongst medical witnesses. Lawyers are most apt to refer to this diversity of judgment—rarely in complimentary terms—most often to suggest or to point the conclusion that judgments so divided in their course and so little consistent are of slight weight and deserve little consideration. A barrister furnishes us this week with facts that should modify that opinion, if strict analogy can serve to afford an illustration or to point an argument. The analysis of the decisions of Lord Justice Giffard, sitting alone in appeal cases from January to June, 1870, shows that of forty-one appeals from various courts, the decisions of those courts were affirmed in seventeen cases, reversed in nineteen cases, and varied in five cases. In applying this illustration to the cases of difference of opinion amongst medical experts in courts of justice, it must be remembered that in the great majority of cases to be decided—say 90 per cent. of railway compensation cases—medical opinion is unanimous. And such cases do not come into court. It is only where doubts and difficulties arise that a judicial decision in court is ordinarly asked. The cases of agreement, which are most numerous, are settled out of sight. Moreover, it is only fair to take into account the essential elements of mystery, individual vital differences, and special combinations, which surround each medical case, and obstruct the arrival at certainty. In legal decisions, all the conditions are known, and the principles to be applied are ascertainable. The process is one of pure reasoning, free from conjecture. Yet it does not seem to be productive of complete unanimity in the end.—Brit. Med. Journal, June 18, 1870.

HYDROCELE IN A FEMALE.

BY F. P. BENNETT, M.D., DANBURY, CONN.

Hydrocele in females is of such rare occurrence that most authors on surgery fail even to make mention of it, and many physicians claim that it never exists, and in an extensive practice of over forty years but one single case has come under my observation. This case occurred recently in a young married female residing in Putnam county, and was mistaken by a surgeon of some eminence for a case of inguinal hernia, who endeavored to reduce it, but failing to do so, pronounced it adherent and irreducible, and advised to let it alone. That such a mistake should have been made is not at all surprising, as it was a hydrocele of the round ligament coming down through the inguinal canal, and occupying exactly the place of inguinal hernia, and closely resembling one. She subsequently came under my care, and upon inquiry I learned that about five years since a small tumor had made its appearance, which had slowly and steadily increased in size until it had attained its present size, which was about as large as a turkey's egg. It had not been painful, was not attended with abdominal disturbance, had never receded when decumbent, and gave to the touch a feeling of fluid contents, instead of the doughy feel of hernia, and I therefore thought that, whatever it might be, it was not hernia; and upon a closer inspection I diagnosed hydrocele of the round ligament, although it was not diaphonous. So sure was I of a correct diagnosis, that I at once proposed an operation, to which she readily consented; and with the aid of a professional brother, who coincided with me in my diagnosis, I proceeded to cautiously lay open the sac, when we found to our great satisfaction that we had not blundered in our opinion. The serous contents of the sac having been evacuated, I injected it with a saturated tincture of iodine, and she speedily recovered, without the supervention of a single unpleasant symptom. The case is only important from its rarity, and the fact that most physicians are not aware that hydrocele can, or ever does, occur in the female; and my object in writing this article is not to record any remarkable achievement in surgery, but to call the attention of physicians to this subject, and thereby prevent mistakes which might be attended with disastrous results.—*Medical Record.*

TAPE-WORM EXPELLED BY TURPENTINE.

Dr. Freeman, of Brooklyn, presented a tape-worm sixteen feet in length (about four feet of which was in fragments), which had been passed by an English girl, aged thirteen years. She had been treated for tape-worm five or six months ago in England, but without any gratifying result. On the 3rd of October, having fasted for twenty-four hours, two ounces of fluid extract of male fern were administered, followed the next morning, she still fasting, by an ounce of castor-oil and a drachm of oil of turpentine. This latter dose was repeated during the day. No portions of the worm were passed. She was let alone until the following Friday, when two ounces of oil of turpentine, in half a teacupful of milk, were given, and in the course of three or four hours afterwards twelve feet of the parasite came away, together with forty or fifty small pieces. The case was interesting, as proving the efficacy of the old-fashioned remedy, oil of turpentine. She suffered no bad symptoms from the large dose of turpentine, but the small ones produced more or less strangury.

Dr. Fennell remarked that had the patient died, there would have been no difficulty with a coroner's jury in arriving at a verdict of death from an overdose of turpentine. The remedy, nevertheless, seemed from the results of the case to be well chosen.

Dr. Whitall recalled a case in which he had administered on one occasion an ounce of pumpkin-seed in half-a-pint of water, and in which thirty-eight feet of the worm had been discharged alive. Finding it necessary, three months after, to treat the patient again for the same trouble, he administered two drachms of the essential oil of felix mas, followed the next day by two ounces of castor-oil. This resulted in the passage of four feet of the tenia, dead.

Dr. Autchison had some time ago asked Dr. Squibb what was the best remedy for tape-worm, and the reply was, two ounces of oil of turpentine. The remedy in large doses acts as a purgative, but in small quantities, as in Dr. Freeman's case, was apt to produce strangury.—*New York Pathological Society's Report.*

OBLITERATION OF VARICOSE VEINS.

From some clinical remarks make by Mr. Haynes Walton during a recent visit to the wards, we gather that he is much in favor of tying varicose veins under certain circumstances, and that in his hands the operation has met with such marked success as to justify his favorable opinion of it. Remarking upon this plan of treatment to the students, Mr. Walton pointed out the value of Mr. Gay's researches, which have shown that the vein which mainly suffers is not the long saphena, as is usually taught, but rather its smaller tributaries. The operation of ligaturing varicose veins was long thrown into the background by the strong adverse opinion expressed by Sir Benjamin Brodie, in which course he was followed by Key and Lawrence, so that for some years this mode of treatment shared the fate of the valuable operation of lithotrity, which was also by the powerful opposition of Brodie prevented from coming into general use for several years. Both methods of treatment, however, have been very generally revived amongst us of late, and Mr. Walton believes that if due discretion be exercised in the selection of cases, and proper caution observed in the performance of the operation, the ligature of varicose veins is as safe and as effectual a proceeding as any remedy which has been proposed. Mr. Walton never operates as long as fair relief is obtained from elastic stockings or bandages. When these means fail, however, the patient is put to bed and kept at rest for a few days, with a cold lotion to the affected leg, and then the swollen vein is obliterated in the usual manner. Much stress is laid on the method of introducing the pin, which must be inserted vertically through the parts by the side of the vein, the point carried well round, and thrust sharply out on the other side. Mr. Walton generally follows the plan suggested by Mr. Henry Lee, of dividing the vein between the points of compression; not with the object of rendering the operation more effectual, but merely to prove that the vein is properly secured and not transfixed, transfixion by a careless operator being the great source of danger in this otherwise highly satisfactory treatment. During the past year Mr. Walton operated on seven of these cases, and each time with a successful result.—*Med. Times and Gazette.*

Original Communications.

URINARY CALCULUS IMPACTED IN THE URETHRA OF A LITTLE BOY.

BY T. CONSTANTINIDES, M.D., M.R.C.S.

Early in the morning of the 15th inst, I was called in haste to see a little boy, four years of age, who was "just dying" of some *unascertainable* internal trouble. On the way to my little patient, I gathered from his father the following details of his case:

"Tom" had been from his birth a delicate child, though he had never had any particular illness. Some four months ago his health began to fail somewhat more than usual, and on application for medical advice he was treated for worms, of which he passed one or two at different times, without, however, any perceptible improvement. On the contrary, he appeared to grow worse every day, and now, in addition to his other many ailments, his abdomen commenced to swell, and to be tender to the touch, and he began to feel pain and to experience some difficulty in voiding his urine, which seemed to be irritating and to scald the orifice of his urethra and the adjacent parts. They still continued to treat him for *worms*, to the presence of which in his intestines all his ever increasing difficulties were ascribed, and of which they were said to be the mere *sympathetic symptoms.*

On my arrival, I found the little fellow in a critical condition indeed. The tension in the region of his hypogastrium and the incessant pain were agonizing, and the only posture in which he could find a moment's relief—and in which I found him—was to be seated doubled, over a chamber pot full of hot water. His pulse was quick, small, and flickering; his skin dry; his tongue heavily coated and parched; his eyes suffused; his face pinched; his whole aspect was expressive of unutterable distress, and he was rapidly sinking into a state of collapse.

It did not require protracted or minute examination to ascertain the seat of the lesion, and the immediate cause of his approaching dissolution. One glance at the size and shape of his hypogastrium told, in unmistakable language, that unless speedily relieved, his bladder was in imminent danger of being ruptured. I undertook accordingly to introduce, at once, a catheter, but to my dismay the instrument was presently arrested in its progress into the bladder by some foreign body in the passage, lodged evidently in the membranous portion of the canal. The contact of the instrument with the obstacle conveyed to the touch the peculiar sensation characteristic of a stone in the bladder. Gentle and firm pressure had no effect on the obstruction, I, therefore, withdrew the catheter and introduced a long, slender pair of forceps, by means of which, after many fruitless efforts, I succeeded at last in grasping and extracting a rough urinary calculus, much in shape and size like a split pea. The exit of the stone was followed by a drop or two of blood, but owing to temporary paralysis of the bladder, in consequence of its enormous distention, no urine followed. I, therefore, introduced the catheter again, which now found a ready entrance into the viscus, and let out a large quantity of partially decomposed, highly offensive urine. The alarming symptoms began soon to subside, and little "Tom" expressed himself greatly relieved.

It may not be very flattering to *our science*, as well to observe that all the help the poor child received at the hands of his comforters, during all his somewhat protracted and severe sufferings, consisted in minute doses of certain saccharine preparations, in the form of globules.

ABSENCE OF THE UTERUS AND VAGINA.

BY UZZIEL OGDEN, M.D., LECTURER ON MIDWIFERY AND DISEASES OF WOMEN AND CHILDREN, IN THE TORONTO SCHOOL OF MEDICINE.

A medical friend once said in my presence that "No woman should get married till it was known she would make a good wet-nurse;" and Meigs says, "A woman ought not to be married who has never menstruated, until it shall have been ascertained that she is not amenorrhœal from faulty development."

However much force there may be in both these statements, yet the cases are widely different in the relative importance of their influence on the subsequent lives of the parties concerned, for while the deficiency in the first can be easily compensated without any infraction of the moral law, the defect in the latter, if undiscovered till after marriage, can hardly be supplemented this side of Utah, without doing violence to the moral sensibilities of civilized society, and is very apt to entail permanent misery on all concerned.

Meigs says he has seen two pretty women who were allowed to marry before it was ascertained they had no wombs or vaginæ, and although I have heard a lady physician say that many women would rather consider that a blessing than otherwise, yet it was evident in the case of my patient that *she* would have preferred the full development of *all her faculties.*

In October last, I was asked to see a young woman 22 years of age, about 4 ft. 8 in. high, rather pale, but moderately well developed, comely in appearance, with feminine voice, modest and retiring manner, well formed breasts, and who at times experienced rather strong sexual desires. She had never menstruated, although she had taken many tonics and emmenagogues.

A year or two ago she was to have been married, but *fortunately* the match was accidentally broken off.

I could find nothing in the general health to account for the persistent amenorrhœa, and as the lady who asked me to see the patient, suspected absence of the uterus, I made a very thorough examination.

I found the breasts and nipples well developed, the mons veneris well covered with hair; the labia majora, minora and the clitoris fully formed; there was no hymen present, and the vagina terminated in a *cul de sac,* about one inch and a-half within the vulva. She stated, with every appearance of sincerity, that she had never attempted sexual intercourse; and I know that she belongs to a respectable family, her father being a farmer within a few miles of this city.

All the external organs and appearances indicated a properly developed, modest, good looking girl, well calculated to engage a young man in matrimonial enterprise.

On the most careful digital examination by pressure above the pubes, through the vagina and rectum, I failed to detect anything like the uterus, or any tumor within the pelvis.

I then passed a male sound within the bladder and my forefinger into the vagina, while an assistant passed a finger into the rectum; then by turning the handle of the sound, I made its point completely sweep the anterior wall of the pelvis, and in doing so I could distinctly feel it, as it passed by the point of my finger in the *cul de sac* of the vagina, with nothing but the thin vaginal wall intervening; at the same time my assistant's finger in the rectum distinctly felt the point of the sound, as it passed over the bowel in completing the circuit of the pelvis.

We thus became satisfied of the complete absence of the uterus, an almost total absence of the vagina, and the probable absence of the ovaries; but as these latter organs are usually beyond the reach of the finger, their absence or presence was left an open question.

From the well developed breasts, the state of the mons veneris, and the occasional experience of strong sexual desires, combined with the usual feminine voice and instincts, one would be inclined to think the ovaries were present somewhere. But on the other hand there had never been anything like that periodical *nisus*, which is said to mark the return of the catamenial epochs in those cases of absent uteri where the ovaries are known to be present.

Altogether it would seem as if the clitoris was, after all, the seat to a great extent of the aphrodisiac sense; and a case recently reported in which that organ was removed for the relief of epilepsy, in a girl addicted to masturbation, would, by the success which followed the operation, still further strengthen this view.

Under all the circumstances, we felt it our duty to advise our patient against any further matrimonial propositions, an advice which, it is needless to say, appeared to give the poor girl very great pain.

WORM FEVER.

BY R. J. DARRAGH, M.D., COLUMBUS, ONT.

Worm Fever may not be—strictly speaking—a scientific term, but I think, in the present instance, it is a very appropriate one, and perhaps the following case will be sufficiently interesting to report in the *Lancet*.

I was called on the morning of the 30th ult. to see a little boy, aged six, who, as his mother informed me, had been sick for a couple of weeks, and she feared he had, or was going to have, Scarlet Fever; inasmuch as his sister, who was living out, previously had it, and after her recovery had been home on a visit and left again. The child she informed me, had been covered with a sort of a rash a few days previous to my seeing him, but it had remained only a short time and disappeared, and had not been seen since, nor did I see any trace of it.

I found my little patient in a high state of fever, skin excessively hot and dry, pulse 144. tongue coated at the edges with a dirty white fur, the middle and tip red with enlarged papillæ,—the tip having the appearance of a ripe strawberry. His face was very much swollen; so much so, that the eyes—especially the left one—were almost closed. The abdomen was tympanitic, bowels loose, stools passed involuntarily and of a dirty green color. The little fellow complained of no pains whatever, and though six years of age, I could learn nothing from him. His mother told me she thought he was sometimes a "little out of his head." But there was no appearance of delirium while I was present. I asked her if she had noticed if he passed any worms lately, she said, not since last Spring. I administered an emetic, composed of zinci sulph. and ipecac. pulv.; ordered him a warm bath, and prescribed a couple of powders, composed of calomel, ipecac-, and zinci. sulph., to be given in the course of the day, and left, promising to see him next day. Next day, before I had time to see him, his mother called at my office and told me the child was much better, and she did not think it would be necessary for me to go and see him, (they lived in the country), she told me he had a very free vomit, and that he had ejected a large-sized worm. I then gave her a powder containing six grains of santonine, to be given when she went home. and followed in a few hours by a purge. I saw the little fellow next day and found him very much better, and learned that he had passed no less than 17 large worms; after which he recovered rapidly.

(To the Editor of the Canada Lancet.)

Sir,—I noticed in the *Canada Lancet* for the present month, an extract from the Orillia *Northern Light*, referring to Dr. Henry Strange's neglect in attending to his duties as Registrar. As you ask for information on the subject, I will give you my own experience. I arrived in this country in the middle of August last, and immediately wrote to Dr. Strange (enclosing a stamped envelope), for information as to the forms necessary for registration. After waiting a week and receiving no answer, I wrote a second time with the same result. Then I wrote to Dr. Brouse, and by his advice sent my diplomas with the fees to Hamilton, in the beginning of October, and as a precaution enclosed an affidavit sworn before a J. P., that they were genuine. I still heard nothing from Dr. Strange, and, after waiting a week, wrote to him threatening him with legal proceedings unless he registered and returned my diplomas at once. Four days after, I received them, with a letter (not pre-paid), to say that the affidavit I had sent was useless, and that I must make one before the County Judge, before I could be registered. Owing to the Judge's absence from town, I had to wait six weeks before I could do so. I then (Nov. 24) sent them back to Dr. Strange, with a request that he would register and return them as soon as possible; but up to this date have not heard from him, though I wrote a week ago, threatening legal proceedings, which I shall commence in a few days, unless the diplomas are returned. Owing to Dr. Strange's neglect, I have had to pay double express charges, besides the annoyance of frequent writing and waiting. Had he attended to my first letter, and furnished me the information he is paid to give, the business might have been finished in a fortnight at the furthest. Two other gentlemen have informed me that after waiting six months, and trying every other means, they have only recovered their diplomas by legal threats; and I am told this is not uncommon. The students here who passed their preliminary examinations last spring have, I understand, not yet received their certificates.

I am, Sir,
Yours faithfully,
H. J. SAUNDERS, M.D., M.R.C.S., Eng.

Kingston, Dec. 19, 1870.

(To the Editor of the Lancet.)

DEAR SIR,—I have received several of your *Canada Lancets*, and have read with pleasure several articles therein on behalf of the present and future welfare of the profession. As I feel the necessity of a still further perfecting of the present Medical Act, I would ask if any move has been made to get the Act perfected in regard to fining—

and collecting the fine—from persons practising without the proper license?

The properly qualified practitioner, through the Medical Council, has been required to register and pay a fee of $5 or $10, as a protection against unqualified men; while the Act is so framed as to allow the latter to practise with impunity in your very midst, and if you say anything in reference to the law—he'll laugh at you and your law and tell you you can't do anything with him, as the statute does not provide for the collection of fines.

This is a sad state of affairs, especially for the country physician, as he is beset on every side by unprincipled scoundrels, who are ready and willing to take every advantage of him and the law; and the public are willing to listen to and be led by these men in preference to us. The ignorant public will patronise these men and sympathise with them, because they think we are trying to put them down.

There is, I think, another serious drawback to the proper working of the new Act, and that is this: there is no one appointed to put the law in force. Now if a properly qualified person was appointed as a public prosecutor, with instructions to prosecute all unlicensed practitioners without scruple or diffidence; in a short time the country would be rid of all quacks, and then the qualified men could, without fear of being under-priced by humbugs, form themselves into organizations and establish a regular tariff.

I am pested by one of these *gullers* of the public, and I can speak from experience. I sometimes feel hard towards the leaders of the profession, who compelled me to pay my $10 to gain protection, and then be left in the present position as regards quacks. Now is the time, I should think, for something to be done, while the Government is sitting in your midst.

I did not write this letter for publication, but I feel as if I should do or say something, and probably stir the matter up, as we in the country will always be hampered until this flaw in the statutes is corrected.

I am, respectfully,

D. L. WALMSLEY, M.D.

Elmira, Dec. 10th, 1870.

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of every Month.

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.*

TORONTO, JANUARY 2, 1871.

As will be seen, the present issue of the *Lancet* is increased to 64 pages, and otherwise materially improved in character and appearance. We have the promise of assistance from some of the most prominent medical men in this city, and others in contributing to our pages; and we therefore hope to be able to furnish our readers with a larger amount of original matter than we have heretofore been able to obtain. Considerable expense has been incurred in carrying out the changes we have made, and we trust that our friends and subscribers will assist us in our earnest endeavor to build up a first-class medical journal in this country. The *Canada Lancet* has nearly doubled its circulation within the past six months, and is still increasing rapidly. It is now the largest, most widely circulated and best appointed medical journal in the Dominion; and we are determined that no efforts shall be spared to maintain for it the prominent position which it has already obtained. Since assuming its management, we have received the most flattering testimonials from members of the profession in all parts of the country, and also many kind words of encouragement. It is highly gratifying to know that our labors have been duly appreciated, and our humble efforts fully recognized by those members of the profession whose opinions we so highly respect. We enter upon the new year with buoyant hopes and bright prospects of success in the future.

Considerable space will be given to original communications, and we would again urge upon our medical brethren the importance of this department in successful journalism; and we trust that they will lay liberally to our hands of such material as they have at their command. Our editorial pages will be well filled with interesting and instructive articles on medical and scientific subjects, and correspondents will have abundant opportunities of expressing their opinions freely on all matters appertaining directly or indirectly to the interests of the profession. Great care will also be exercised in the selection of articles from the best British and American journals. Copies of the present number will be sent to many who are not as yet subscribers, and we sincerely hope it may meet with their approval and support, and that they will kindly favor us with their names as subscribers to the *Lancet* for the current year.

BRITISH MEDICAL BILL.

It is proposed, in order to reform the constitution of the General Medical Council of Great Britain, to introduce a new Medical Bill; the draft of which, published in the London *Lancet*, is now before the public. It has been a subject of complaint that the existing Council, which consists of 24 members, is too large, and it is proposed to reduce the number to 12, of whom 4 are to be nominated by the crown, 4 by the medical authorities, and 4 are to be elected by the registered practitioners; 2 by the registered practitioners of England, and 1 by those of Ireland and Scotland, respectively. The four nominees of the crown are to be divided between the three kingdoms in the same proportions; and the corporations and universities of the three kingdoms are respectively to combine or amalgamate, to elect in England two representatives, and in Scotland and Ireland, one each.

Another feature of the proposed bill is the election by the new Council of a National Examining Board for each of the three kingdoms. In order to secure an effective Examining Board, it is suggested that the Council shall appoint only such persons as examiners as "are of approved skill in the several subjects on which they have to examine." And a further guarantee is proposed by the appointment of Inspectors of Examinations. It is also proposed that no other diploma shall be given until after the State License has been obtained. Permission is owever, to candidates to be examined by any of the medical authorities, but the degrees or diplomas are not to be actually conferred until the license has been granted· The License is to be given in the name of the General Council, thus avoiding any professional inconvenience or territorial distinction. There are many other less important points which we need not refer to at present.

The new Bill is, on the whole, an improvement upon the existing one, although defective in several particulars. In the first place, we think that the proposed number of representatives is entirely too small, for we are convinced that the various opinions of so large a body as the medical profession of Great Britain cannot find expression in so small a number of representatives as twelve. The only reasonable objection to a large council is its expense; but this we do not hold to be a valid one.

Another point which wlll be likely to give rise to considerable discussion is the proportion of representatives assigned to the three kingdoms. The number of registered practitioners in England is not double the number of those in Ireland and Scotland : while the representatives will be two in the former to one each in the latter. Some difficulty will also be experienced in the amalgamation of the corporations and universities of the various kingdoms to elect their representatives, and complaints respecting the unequal representation will not be wanting.

Most of the provisions of the new Bill have been discussed by various persons, and some of them have been advocated by several of the most eminent medical men in Great Britain. The appointment of the examining board by the Council was proposed by Dr. James, before the act of 1858 was passed. He also strongly maintained that no other diploma should be granted until the State License has been obtained. Mr. Charles Hawkins, a member of the Council, was strongly in favor of a council of twelve, and maintained that the representatives of the medical authorities should be excluded. This view of the case has been freuqently urged, as it may be considered that a controlling body should be independent of those whom it is to control.

Personal.—At an examination held at the Royal College of Surgeons of England, on November 5th, 1870, Mr. Arthur Jukes Johnson, M.B., late of Toronto School of Medicine, passed the primary examination for member, and was highly complimented on his knowledge of anatomy and physiology.

THE SYME TESTIMONIAL.

Upon the retirement of Prof. Syme from the chair of Clinical Surgery in the University of Edinburgh, in 1869, after a term of 36 years, a meeting was held in London by the medical profession, to consider as to the best mode of getting up a suitable testimonial in his honor. This meeting was attended by many of the most eminent physicians and surgeons of the British metropolis, and it was resolved that the testimonial should consist of two parts—" A Fellowship in Surgery in the University of Edinburgh, to be called the *Syme Surgical Fellowship*, and a marble bust of the learned Professor to be placed in the University Library or the Hall of the new Royal Infirmary."

The amount to be raised to meet these expenses was about $12,000. The subscribers to the testimonial embrace the names of physicians and surgeons in all parts of the British Empire, many of them being his former pupils.

In April, 1870, the Secretary of the London Executive Committee, Dr. Murchison, F.R.S., wrote to Prof. Gross, of Philadelphia, asking his co-operation in obtaining subscriptions from some of the learned Professor's friends in America. In compliance with this request, a meeting of the surgeons and physicians of Philadelphia was held and a committee appointed, consisting of the following gentlemen :—Drs. Gross, Hays, Pancoast, Atlu, Agnew, Hartshorne, Packard, Brinton and Mears. Circulars were sent to leading surgeons in different parts of the country asking for contributions, and were met by a hearty response. The net proceeds of the collection amounted to $220, and was forwarded to the honorary Secretary. The amount of the subscription was small, but the act shows a feeling of sympathy with the movement of the British profession in their effort to do honor to an illustrious brother.

Such acts cannot fail to strengthen the bonds of good fellowship existing between American and British physicians, and perpetuate the ties of relationship between the two countries.

THE INVENTOR OF SPECTACLES.—On a tombstone at Florence is this inscription :—" Here lies Salvino Armato d'Armati, of Florence, the inventor of spectacles. May God pardon his sins. The year 1318."

POISON VENDING.

A number of the chemists and druggists of the city of Toronto have been charged, at the instance of the notorious George Albert Mason, with selling poison contrary to law. The case of J. O. Wood of King St. West, the first on the list, was investigated before the Police Magistrate, and after much delay and repeated postponements, judgment was given against the defendant, and he was fined $20 and costs.

The following is the Clause of Chap. 98 of the Consolidated Statutes, which refers to the charge:—

"No apothecary, chemist, druggist, vendor of medicine, or other "person shall sell or deliver any arsenic, corrosive sublimate, stry-"chuine or other poison, mineral or vegetable, simple or composite "commonly known as a deadly poison, (or which being incautiously or "secretly administered may cause immediate death), to any person "who does not then produce and deliver a certificate or note from some "person duly licensed to practice as a physician or surgeon, or some "priest or minister of religion, resident in the locality, addressed to "such druggist, &c., and mentioning the name, calling or profession of "the person requiring such poison, and stating the purpose for which "it is required, and that it ought to be sold to the person requiring "the same; and such certificate or note shall be kept by the person "selling or delivering such poison as his justification for so doing."

Mason and his associate—John Gale—visited the various drug-stores in the city and purchased small quantities of laudanum. The purchases were made by Gale, while Mason, who subsequently received the medicine, remained outside. A good deal of caution was exhibited by many of the druggists, and a few refused to sell because the purchaser was a stranger, but no written authority was demanded.

The counsel for the defence contended that laudanum was not a deadly poison, and therefore not within the scope or meaning of the statute, and a number of witnesses were adduced to prove this position. The evidence of Dr. Lizars and Dr. Riddel, which was in some respects nearly similar, went to show that laudanum did not cause immediate death and was not therefore a deadly poison. It was also shown that some people were in the habit of using it in large quantities without any deadly effect. Prof. Croft also gave evidence to the effect that laudanum did not cause immediate death. In his evidence he also stated that laudanum was kept in nearly every house in the city, and expressed his opinion that it was not a poison within the meaning of the statute. Several druggists gave evidence to the effect that certain precautions were taken in selling laudanum to parties with whom they were not acquainted, and the counsel for the prosecution contended that such being the case it clearly showed that they considered it a deadly poison; and besides, some of the medical men stated that instances of death resulting from an overdose of laudanum were not of unfrequent occurrence.

The Police Magistrate decided against the defendant, but his counsel announced their intention of appealing in this case to a higher court.

If the druggists are to be held to the strict letter of the law in regard to the sale of laudanum, because it is a poison in large doses, a great inconvenience will be experienced by the public. Any medicinal substance is poison when taken in excessive doses as well as laudanum, and we do not see why the sale of the latter should be prohibited to persons who know its use and its appropriate dose. It does not cause immediate death, and is, therefore, *not* a *deadly poison* within the meaning of statute.

SUITS FOR MALPRACTICE.

The results of Suits for Malpractice are not only unfortunate for the Defendants, but also incidentally injurious to the medical profession, by impairing public confidence in the skill and integrity of its members.

The injustice which is sometimes done is not owing to mistakes in the law, as laid down by the judges; but to misapprehension of the facts by juries, who are *notoriously stupid and unjust.*

The foundation of the liability of the medical man for Malpractice rests on the principles of "the law of contracts. In assuming the practice of his profession, he implies that he is possessed of *ordinary* skill, and that he will use it with all reasonable diligence and care in the treatment of disease.

These are conditions which are assumed in all trades and professions requiring skill, and are no more rigid and exacting in the case of the medical man than any other; but the degree of care and skill required by law is in proportion to the delicacy and difficulty of the service to be rendered—for example, the care and skill exercised by the blacksmith are less than that shown by the watchmaker; while that of the physician or surgeon, who deals with human life and limb, is much greater than either. But while ordinary skill and care are imperatively demanded from the medical man, *extraordinary* skill is neither required nor expected, as few practitioners would be able to attain to it, and the majority of patients would be utterly unable to pay for such assistance.

The criterion of skill is wisely adjusted to the average proficiency of medical men, and the law chooses that middle course which experience has shown to be best calculated to protect the public and keep the profession up to a certain standard, by holding them responsible without imposing on them unreasonable and excessive burdens. The physician or surgeon is liable for injuries resulting from his want of ordinary care and skill, because his position before the public implies that he is possessed of these qualifications; and this is the case even where the services are rendered gratuitously, as at an hospital or dispensary, whether specially retained or not.

A mistaken opinion regarding the nature of the disease or its proper mode of treatment is not conclusive evidence of the want of due skill; but it must be shown that the error arose from a want of that ordinary skill and average proficiency to which we have above alluded. A medical man is not to be pronounced incompetent because he exhibits less skill than some of his more gifted and experienced confrères. The law fairly recognizing the diversity of talent among medical practitioners only requires that he shall be possessed of sufficient skill to treat disease with reasonable success.

In determnining whether a physician or surgeon has exercised ordinary skill in the treatment of a patient, the advanced state of the profession at the time must be taken into consideration. A medical man is in duty bound to keep pace with the most important inventions and discoveries in medical and surgical science, for he cannot be held blameless if he continues to use means and appliances that have been discarded or superseded by more suitable ones. The progress of medicine and surgery has been very marked in recent years, and the tendency to conservative surgery very great. These circumstances tend to raise the standard of proficiency among medical men at the present time, so that what may have been good practice five or six years ago may be considered as the very opposite at present. In cases of alleged malpractice, the standard of ordinary skill would be that of the recognized authorities in medical science at the time when the services were performed, as attested by their adoption in ordinary practice.

Besides the possession and exhibition of ordinary skill, the medical man is also bound to exercise ordinary care in the treatment of his patient. The absence of ordinary care, when it produces injury to the patient, renders the medical attendant liable for malpractice. The possession of skill affords no absolute security that it will be carefully exercised, and it is therefore necessary to enforce upon the medical practitioner, a reasonable degree of care in the management of the case under his treatment. Ordinary care is required from every person who undertakes to perform a service for another for a compensation, and means "the care which is usually exercised under similar circumstances by those who are engaged in the same employment." The amount of care necessary in the management of an individual case must depend on the nature of the disease and the condition of the patient. The medical man must not be held to account for the misconduct or obstinacy of the patient; for it is a principle in law that "no person is liable for injury to another when his own misconduct has been the cause of it." It is the bounden duty of the patient to co-operate with his medical attendant, attend to his directions, carry out his instructions, and submit to his operations; and if he refuses to do so he cannot hold the medical man responsible for any neglect or stubbornness on his own part.

It is a subject of common complaint among medical men that surgeons are more frequently the victims of suits for malpractice than physicians, and there is a good deal of truth in this charge, which it is not difficult to understand, since the mode and results of treatment are more obvious in surgery than medicine. The difficulty of tracing the connection between his treatment, and the results of it protect the incompetent physician from a civil action for malpractice, while the surgeon is deemed responsible for the results of natural causes which he is unable to modify or control, or for the misconduct of others.

In consequence of the risks to which the surgeon is liable in the ordinary practice of his profession, it has been suggested that in all delicate or difficult surgical cases, he should take the precaution to obtain from the patient, before undertaking the management of the case, a bond covenanting not to sue for damages, in the event of the case not terminating favorably. Some writers on jurisprudence object to this, however, on the ground that such an instrument is worthless because it is against the spirit of equity to allow any one to exempt himself by contract from the legal consequence of his own wrongful acts. But on the other hand it is a settled doctrine that an agreement is not void unless it is contrary to public policy and injurious to the interests of the state, so that any agreement entered into between the physician and his patient who is alone affected by his wrong doing or want of success, may be held to exempt the latter from any claim for damages; but if the medical man is not merely unskilled and careless, but is guilty of misconduct, which is so stamped with bad faith and fraud, that it borders on criminality; then the law may set aside the validity of the contract which would otherwise exempt him from the consequences of those injuries to a patient which the latter agreed to overlook. We do not think it is at all derogatory to the *dignity* of the professional man to legally protect himself in order to do good to others, and while we would not commend such contracts as intrinsically desirable, we consider them highly useful under certain circumstances on the score of necessity.

In another column will be seen the announcement of the Long Island College Hospital, Brooklyn. A new Hospital building is now being erected in connection with this institution, to be completed by the 1st of February next. In the erection of the new building, the opportunity has been embraced of improving the facilities of the College by the construction of a new amphitheatre and operating room, capable of seating about 250 persons. The Hospital grounds comprise 14 full lots, extending on Henry Street from Pacific to Amity Streets. This new improvement will give to the Long Island College Hospital facilities for clinical and hospital instruction possessed by few institutions in the United States.

We beg leave to call the attention of medical men and medical students to the advertisement of W. & D. Dineen, Hatters and Furriers, 80 Yonge Street, Toronto. They have on hand a complete assortment of hats, caps, and furs of the latest and most fashionable styles, which they offer at a most liberal reduction to the medical profession. A discount of ten per cent. on this line of goods is an inducement which is offered by no other house in the city. We bespeak for them the patronage of our friends and the profession generally.

MEDICAL COUNCIL.

PRIMARY AND FINAL EXAMINATIONS, APRIL, 1871.

The Examinations will begin at 9 o'clock on the morning of Tuesday, the 4th day of April, and will continue till Wednesday, the 12th. Students intending to present themselves at the above examinations must make application to the Registrar, enclosing all certificates, tickets, &c., before Monday, the 21st day of March, 1871. The certificate of no medical practitioner of Ontario will be recognized, whose name does not appear in the Medical Register. Students are requested not to send superfluous tickets, as no record will be kept of any others than those which are requisite to procure admission to the examinations. Due notice will be given to students of the place of holding the examinations, and forms will be furnished through the Secretaries of the various schools, upon which to make application to the Registrar. Students are requested to bear in mind that no exceptions can possibly be made to the strict requirements of the curriculum.

PROGRAMME OF EXAMINATIONS.

Tuesday, April 4th.—9 to 11 a.m.; Theoretical Chemistry. 11.30 a.m. to 12.30 p.m.; Practical Chemistry. 3 to 5 p.m.; Medical Diagnosis and General Pathology.

Wednesday, 5th.—9 to 11.30 a.m.; Operative Surgery and Surgical Pathology. 3 to 4.30 p.m.; Operative Midwifery.

Thursday, 6th.—9 to 11 a.m.; Toxicology and Medical Jurisprudence. 2 to 4.30 p.m.; Physiology. 5 to 6 p.m.; Sanitary Science.

Friday, 7th.—9 to 11 a.m.; Materia Medica and Therapeutics. 2 to 3 p.m.; Midwifery, other than Operative. 3.30 to 4.30 p.m.; Botany.

Saturday, 8th.—9 to 11 a.m.; Theory and Practice of Medicine. 11.30 a.m. to 12.30 p.m.; Surgery, other than Operative. 3 to 5 p.m.; Descriptive Anatomy. 5.30 to 6.30 p.m.; Surgical Anatomy.

The Oral Examinations will commence early on the morning of Tuesday, the 11th of April, and be continued until they are concluded.

BOARD OF EXAMINERS.

C. M. Covernton, M.D., M.R.C.S. Eng., Physiology; J. H. Sangster, A.M., M.D., Chemistry; J. L. Lizars, M.R.C.S. Eng., Surgery; H. H. Wright, M.D., Medicine and Medical Pathology; J. Sweetland, M.D., Medical Diagnosis and Toxicology; M. Sullivan, M.D., Anatomy; Wm. Hope, M.D., Midwifery; H. F. Tuck, M.D., Materia Medica and Therapeutics; *D. Campbell, M.D., L.R.C.S. Eng., Medical Jurisprudence; *G. C. Field, M.D., Surgical Pathology; *S. S. Cornell, M.D., Botany; *George A. Carson, M.D., Sanitary Science.

MATRICULATION EXAMINATIONS.

The next Matriculation Examination will be held on the first Wednesday and Thursday in April, 1871, in Toronto and Kingston, at the Grammar Schools of the respective places. Gentlemen are requested to give notice 6 days before the examination, to the examiner before whom they intend to present themselves, stating the "optional subject" in which they wish to be examined.

Examiners. } A. WICKSON, M.A., LL.D., Toronto,
S. WOOD, M.A., Kingston.

TORONTO HOSPITAL REPORTS.

SUMMARY OF CASES UNDER THE CARE OF DR. CANNIFF.

(Reported by Mr. Abbott, Clinical Clerk.)

Bridget B., aged 29, native of Canada, admitted 30th September, 1870—typhoid fever. So far as we can learn, has been unwell for several days; a good deal of fever, skin being very dry. Was ordered a warm bath, after which she continued to sweat freely for 24 hours. The warm bath has been used in several cases where typhoid symptoms had not become too well marked. The bowels were found to be relaxed, to relieve which three grains of sugar of lead with a few grains of ginger were given. Lead is the astringent usually administered, and mostly always with the desired effect. Sometimes the dose was much enlarged, and occasionally it was continued for even two and three weeks with a few intermissions. No unpleasant effects were ever remarked. Daily washing of the skin strictly attended to. Beef

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* Of these four, the first two are the examiners of the Homœopathic students; and the last two, the Eclectics in their special branches

tea and milk constitutes the diet. Part of the time the stomach would not retain the milk unless boiled. As the stomach improved in strength, farinaceous food was allowed. By the 19th November, the typhoid symptoms had subsided, but much weakness remained. Ordered tinct. nux vom. m. x. with comp. tinct. gent. and water three times a-day. Discharged well November 27th.

Alfred P., aged 21, native of England, admitted 12th October, 1870—typhoid fever. Had been under medical treatment for ten days. There were evident symptoms of profound typhoid poisoning. Was quite delirious, and unable to take much nourishment or stimulant. The hair was cut close and a blister applied to back of neck. Beef tea, whiskey and milk—a tablespoonful ordered to be given alternately every 20 or 30 minutes, except he might seem to be in a natural sleep, when he might go a longer time without either. The powers of life ebbed and flowed until the 23rd October, when he died.

Margaret B., aged 75, native of Ireland, admitted October 18th, 1870—chronic ulcers of left leg. Of some months' standing. Have several times healed, but before long would open again. For many years before ulcers first formed—two years ago—had swelling of the leg (passive congestion). There are two ulcers, one on the inner surface of the tibia a few inches above the ankle, the other just below the external malleolus. Both ulcers of the indolent kind. The skin around the ankle slightly discolored and constricted, as if fitting too closely to the bone. The case was pointed out to the students as an excellent type of the indolent ulcer, there being no attempt at granulation. Considering the history of the case and the age of the patient, the case was not regarded a very hopeful one so far as healing was concerned. Tinct. iron m. x. with tinct. columbo was ordered to be taken after each meal. A lotion composed of extract belladonna and water, to be applied frequently. This application did not have the beneficial effects it has obtained in other similar cases. But it was doubtful if she used it as directed. Zinc ointment was used with no more benefit. Then adhesive straps, in narrow pieces, were used over the ulcers, with a bandage over all, to be changed and the limb well washed every second day. This had the effect of drawing together the edges of the ulcers and establishing a growth of granulations. For a time healing proceeded; but finally the lower ulcer assuming a dark, unhealthy appearance, nit. silver stick was applied. This gave the patient offence, and she left the Hospital, December 16th. The ulcer upon the leg had healed about one-half. The other remained about the same, while a third small one had formed just below the upper one.

John K., aged 17, native of England, admitted October 18th, 1870—venereal disease. This was an interesting case with several complications, and was abundantly usefel in instructing the students. There were in fact co-existing gonorrhœa, soft and hard chancres, phymosis, a good deal of œdema of the penis, and for a while a phagadenic ulcer. There was also induration of the inguinal glands, and from time to time chordee. The fact that both hard and soft chancres, with urethral discharge, existed at the same time, would seem to support the view that all venereal disease may have a common specific origin; that gonorrhœa may, under certain circumstances, produce chancres; that chancres, on the other hand, may set up urethral inflammation; and that a soft chancre may change into a hard, and *vice versa.* In this case the youth, who was a sailor, noticed six days after exposure a "gnawing pain" upon the glans penis, which speedily formed into a pimple which broke, leaving an ulcer which extended. Three days after this gonorrhœa appeared, with some pain on micturation. When he entered the Hospital, the ulcer first formed was deep and with indurated base, and around it were several others, some soft, others ulcerating. Up to this time the patient had entirely neglected the parts, which were exceedingly unclean. The constriction of the prepuce had existed for some time, having formed shortly after the first sore. Great attention was enjoined to keep the parts clean. Frequent washings with soap and water were ordered, and thin white cotton to be placed between the foreskin and glans. For a time the skin could be drawn up; but it had subsequently to be divided. Inflammation of prepuce continued, and further constriction was the result. It was not, however, necessary to divide the parts any further. A strong sugar of lead lotion was freely applied. For the gonorrhœa, bal. cop., tinct. opii co., liq. pot., spts. eth. nit. were employed, and flax seed tea in abundance. To the ulcers, nit. argent. stick was applied. There was a good deal of fluctuation with respect to the gonorrhœal discharge; but the chancres healed very quickly. The chordee or some other irritation would cause the discharge to break out or increase from time to time when he seemed about to get well. Finally it assumed the character of gleet. Prior to this, astringent injections had been used, such as sulph. zinc, tannic acid, &c., also a sol. of nit. silver. Finally, for the gleet, a bougie dipped in bal. cop. was occasionally introduced with benefit. The inguinal glands did not suppurate, and were treated by the application of belladonna and tinct. iodine. To prevent the painful erections at night, ¼ gr. morphia with camphor was given. At the first the patient had low diet, but it was found that he did better with a more generous fare. He was discharged December 4th, apparently well. He has subsequently (12th December) returned, perhaps from a fresh exposure to the disease.

BOOK NOTICES.

A Manual of Physiology—By J. Fulton, M.D., M.R.C.S., L.R.C.P., London, Eng., Professor of Physiology in the medical department of Victoria College, Yorkville. Adam Stevenson & Co., Toronto.

This is an octavo volume of 340 pages, and contains copious notes on all the subjects usually taught in medical schools. All points of controversy have been excluded, and quotations from other authors avoided. Great care has been bestowed on its preparation, and no space has been occupied in discussing useless theories or in propounding new ones; the great aim being to compress as much matter as possible within a small compass—in short to make the work a *multum in parvo.* It has been found to fulfil all the requirements of the medical student in his preparation for the professional examination before both College and Board, and it is eagerly sought after by those who know its value as a text-book on the subject upon which it treats. Price, net cash, $2.70. For sale by all medical booksellers.

The Pathology and Treatment of Venereal Diseases; including the results of recent investigations upon the subject. By Freeman J. Bumstead, M.D., Professor of Venereal Diseases at the College of Physicians and Surgeons, New York; Surgeon to Charity Hospital, &c., &c. Third edition, revised and enlarged, with Illustrations. Philadelphia: Henry C. Lea, 1870. Toronto: Copp, Clark & Co.

This popular work on Venereal Diseases has undergone a thorough revision at the hands of its distinguished author. Many portions have been re-written, some parts have been omitted, while a great deal of valuable matter has been added; so that the present edition is much superior to any of the previous ones. Every subject is treated in a full and comprehensive manner, and quite up to the requirements of the present state of our knowledge of these diseases. It is a most excellent work, and may be justly regarded as the best authority on Venereal Diseases in the English language. The author has embodied in it all the latest views of syphilographers upon certain points relating to the pathology and treatment of syphilis.

Those portions of the work relating to chancroid and syphilis have been re-modelled and partially re-written, and the subject of the treatment of stricture and the operations of internal urethrotomy have been properly attended to. Several pages have also been devoted to the pathology and treatment of syphilitic affections of the eyes.

The book is on the whole well written, clear in style, very practical, and invaluable to the student of venereal disease.

WINES FOR MEDICAL USE.

It is a fact not generally known that in order to ensure a good wholesome wine, it is not necessary to pay an exorbitant price, and it is equally true that it is most difficult to obtain any wine without adulteration or admixture of spirits, either of which is prejudicial to its medicinal effect.

The establishment of Quetton St. George & Co. was opened in Toronto, in June, 1869, to meet this difficulty, and to supply wines which can be warranted absolutely pure, at prices approximating as near as possible to their cost at the place of growth.

The senior partner, Mr. St. George, a gentleman well known in Canada, where he has resided for many years, had been in the habit of importing for himself and for some of his friends the wine of his own vineyards of Leugaran, near Montpelier, in the South of France, and other light wines of Languedoc. Finding how highly these wines were appreciated and the desire that was shewn to obtain a larger supply, he determined upon going extensively into the business, for which his large family connection in the principal wine growing districts of France and Spain, and his intimate local knowledge of those countries and their products, gave him special facilities. He has made arrangements in a number of choice vineyards for the shipment of wines, which are sent to his firm in Toronto, thus saving heavy expenses on the other side, and ensuring their arrival without adulteration, and at extremely moderate prices, owing to the small cost of the wine at the vineyards and the saving of intermediate profits and charges.

Quetton St. George & Co. would especially call attention to the wines of Roussillon, which possess the tonic and astringent qualities of the Oporto wines, without the adulteration which has become so generally practised in that district, as to make "Port" the designation of a compound which is far removed from being the pure juice of the grape. The Roussillon ports range in price from one dollar per gallon upwards.

The Alicante also is very delicious in flavor and has been largely recommended by their medical friends.

They have also a great variety of Sherries, including some of the finest brands in Spain; and in addition to the foregoing and other descriptions of French and Spanish growth, they import German, Sicilian and Madeira wines.

Owing to the difficulty of procuring a genuine Brandy, which can be relied upon as being pure grape spirit, they have imported, especially for medical use, a white brandy of Languedoc, distilled from wines selected by Mr. St. George himself for the purpose, and which they can therefore recommend with confidence to the faculty.

For prices and full particulars, they refer to their printed circular, which will be sent free by post to any desired address.

QUETTON ST. GEORGE & CO.,
Wine Merchants, 34 King Street East,
Toronto.

THE

CANADA LANCET,

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Original Communications.

CONGENITAL RANULA.

BY J. ALGERNON TEMPLE, M.D., M.R.C.S., ENG.

On the 7th of September I was requested to see the infant of Mrs. R., then three or four days old. On examination, I found a large semi-transparent tumor, situated under the tongue and projecting somewhat beyond the jaw. On passing my finger into the mouth, I found that the tumor passed backwards along the right side. It was about the size of a small almond, semi-transparent, very tense, and over the surface several large veins could be seen. The tumor was of such a size that the tongue was pushed upwards and backwards to such an extent, as not only to seriously impede the action of the tongue, but entirely prevented the child from sucking.

The mother stated it was there when the child was born. The family requested a certain medical gentleman to see it, and he being of the same opinion as regarded the nature of the tumor, I at once passed a bistoury into it, making a free opening. About a drachm of a clear though very tenacious fluid, resembling saliva, was discharged. There was no hæmorrhage. The tumor almost entirely subsided, so much so that the child was enabled to take the breast easily. In the course of about two weeks the fluid had again accumulated, and the sac was as large as ever. I determined on passing a seton through it, as recommended by M. Marjolin ; but that evening the sac burst of its own accord, since which time there has been no return of the trouble, and the mouth at the present time is quite free from any tumor. The object in introducing a seton is to excite suppurative inflammation and thus close the sac.

I am induced to report this case, as I believe it to be a rare disease and may be of interest to some of your readers.

Toronto, January 11th, 1871.

STAPHYLOMA OF THE CORNEA.

BY CHARLES DAVID DOIG, L.R.C.S., EDIN.

The cornea is occasionally injured by ulcerative inflammation, and a tumor not unfrequently forms at the seat of mischief, causing much misery to the sufferer as well as materially damaging the personal appearance.

Mrs. M., about 30 years of age, native of Ireland, wife of a tavern-keeper in tolerably good circumstances, resident in Ontario and mother of several children, applied to me in February, 1870, having a bulging on her left cornea at the site of vision. The protuberance had a well-defined base, was larger than a large pea, obstructing the complete closure of the two eyelids and causing constant pain and lachrymation. Great pain was occasioned by exposure of the diseased eye to the light of the fire or a candle, the patient holding down her head and protecting her almost visionless eyeball with her hand. She could discern light but not readily, and for the purpose of vision the eye was obviously useless. Such was the state of matters at that time, and it had existed since 1867. The attack of inflammation from which the tumor took its rise, occurred about the middle of January, 1867.

With the aid of a cataract knife, scissors and forceps, the eyeball being steadied by a spring retractor, I completely removed the tumor, brought the eyelids together, and directed the patient to keep quiet for a few days. The operation was performed on Monday morning, and in the course of the week cicatrization was completed. I saw the patient again in November, 1870. There is now quite an alteration in her personal appearance. She is able to hold her head erect, face the light of the sun, candle or fire as well as ever. There is no lachrymation or pain. The vision is of course lost, and the eyeball is somewhat smaller than the other one; but the deformity is scarcely perceptible without close inspection.

Denbigh, Ont., January, 1871.

PECULIAR CASE OF POST PARTUM HÆMORRHAGE.

BY J. M. PENWARDEN, M.D., FINGAL, ONT.

On the 15th of May last I was called to see Mrs. —, who was threatened with abortion, which after great difficulty I succeeded in stopping. On enquiry I found she attributed it to a fall, soon after which the symptoms appeared. About six months from that time I attended her during her confinement, found her health good, the labor natural and progressing so very favorably that I was not required to do more than support the perinæum at the proper time. After the birth of the child, pressure was made over the womb by an experienced nurse, and in a few minutes the placenta was expelled by several vigorous pains, with the loss of a moderate amount of blood only. A tight bandage was immediately put on, and she expressed herself as feeling very comfortble. At the expiration of some time, thinking of leaving, I examined her pulse and found it 115 per minute. Fearing hæmorrhage, I prepared a large dose of ergot, and as I was about to administer it, she exclaimed, "I am flowing frightfully!" I gave the ergot. Countenance soon became blanched and pulse very rapid. In a few moments she began to yawn and then fainted, rallied, again fainted, rallied and fainted again and again. Pulse disappeared and was imperceptible for nearly an hour. Pupil much dilated. During all this time the loss of blood was excessive, and apparently little less during attacks of syncope than in the intermediate times. In addition to large doses of ergot and plumbi acetas, I elevated the pelvis, lowered the head, opened the windows, lessened the coverings, unpinned the bandage, poured cold water from a height on the womb and also used pressure and friction over it, and pressure on the abdominal aorta. All of no avail. I introduced my hand into the uterus without much trouble, found its walls rigid—hence no inertia—and the cavity partially filled with clots of blood, which with a waving motion of my hand I sent through the os. I could now feel a rivulet of blood, which on tracing to its source, I found proceeded from an opening at the upper part, through which I could barely introduce the points of my fingers. After careful dilatation combined with external support, I succeeded in introducing my hand into the second compartment, and was astonished to find it a comparatively narrow channel, extending apparently up to the epigastric region, and having its walls rigidly contracted. This irregular contraction could be distinguished on the external surface only by very careful examination. Continuing my hand upward, I came to the fundus, expecting to find some foreign substance the probable cause of the irregular hour-glass contraction, but was disappointed. On manipulating externally and internally to overcome the morbid contraction, I felt something give way. I fancied for a moment that I had done mischief, but very soon felt the fundus forcing my hand downwards, and soon after it was expelled with large clots, and from that moment the flow was readily kept in check by cold applications to the vulva. The patient in the meantime was unconscious and threatened with convulsions; but the brandy given soon revived her somewhat, although for hours she was hovering between time and eternity. I gave her repeated small doses of pulvis opii, which seemed to have a capital effect in allaying irritability and preventing excessive reaction. Convalescence was very rapid.

I have described this case at some length for the purpose of calling particular attention, first, to the advisability of always—in cases of post partum hæmorrhage—introducing the hand, and thus finding whether the cause is due to inertia, retention of after-birth, unequal contraction, deficiency of fibrinous element of blood, &c., &c., and, secondly, to the fact that some cases of unequal contraction and post partum hæmorrhage are caused by adhesions of womb to omentum or some other portion of abdominal contents; and till that is remedied by the breaking up of the adhesions, the uterus cannot normally contract and stop the flow. I am thoroughly satisfied that in this instance the cause was due to adhesions, and that had I not succeeded in breaking them up so that the womb could normally contract and close the bleeding vessels, the patient would have died.

TRAUMATIC TETANUS.

BY G. D. LOUGHEED, M.D., BRIGHT, ONT.

On the 13th of December I was called to see W. Mc., aged 8 years, who had received a slight wound on the knee from an axe, the corner of which had penetrated to the bone, dividing the superior internal articular artery. I succeeded in arresting the hæmorrhage at once, by means of a compress and bandage. Called next day and brought the edges of the wound together, sustaining them by means of strips of adhesive plaster.

Heard nothing more from my patient until the 20th, when I was called again by his father, who said his boy complained of a "soreness about the throat" that morning. I found at once that peculiar expression of countenance, *risus sardonicus*, characteristic of tetanus. By this time, 9 a.m., the jaws could not without difficulty be separated; pulse 130, full and strong, with a profuse perspiration. There was nothing unusual about the wound, which was not more than half-an-inch in length. Cicatrization appeared to be going on nicely, attended by little or no inflammation in the adjacent structures. On learning that the bowels had not moved since the accident, now seven days, notwithstanding the frequent administration of patent pills, I administered an enema at once, prescribing at the same time a full dose of calomel and jalap, with tinct. cannabis indica and quinine. Six hours having elapsed, two drops of the ol. tig. were given, but without any effect on the bowels whatever. Called again in the evening, found the spasms had extended to the muscles of the back and lower extremities, producing *opisthotonos* in a marked degree, the paroxysms occurring every few minutes. Ordered the constant application of ice to the whole length of the spine, together with the administration of twenty drops tr. opii, to be repeated in the course of a few hours, should the spasms continue. This gave almost instantaneous relief for a few hours, when the spasms again set in, increasing in frequency and severity until 7 a.m., when death supervened from the complete exhaustion which followed the violence of the paroxysms, notwithstanding the support given by means of beef tea and wine.

CURIOUS MALFORMATION.

On the 27th of November I was called upon to attend Mrs. McD. in her confinement, which was premature. The pains had been very severe, for upon my arrival I was told by the nurse that all was over, but that she had removed nothing. The fœtus seemed to have reached the fifth or sixth month of development, and was curiously deformed. On examination, the head at the base seemed of the ordinary size, but the vertex was deficient—there being no formation of bone above the level of the ears—and the cranial cavity was filled with fluid. The face was quite natural in appearance and the body perfectly formed as far as the pelvis, which was very small and rounded. There was only one lower extremity, the foot of which appeared to be twisted inwards. There was no appearance of genital organs or anus, but a small protuberance occupied the situation of the latter. The mother had felt nothing unusual during the early part of gestation; but she stated that she had received a kick from a cow about two months ago, to which she attributed this strange perversion of nature, and she had suffered more or less since that time. The fœtus showed evidence of decomposition. She soon became convalescent after her confinement, and is now in the enjoyment of her usual good health.

Medicus.

DIPHTHERITIS.

BY W. S. CHRISTOE, M.D., FLESHERTON.

An interesting case of diphtheritis recently occurred in my practice, in a person aged 40. It presented at first no unusual phenomena, other than its being a purely sporadic case, no other case having occurred in the vicinity for at least three years—

during my residence here—and from my previous experience with this disease, I was induced to doubt the diagnosis, for I generally saw scarlatina either in the same family or vicinity. Whatever opinion I previously held regarding a possible co-relation between scarlatina and diphtheria, this case modified it considerably.

I can easily understand, however, why a specific poison may be sò modified by circumstances, as to produce phenomena diverse in character and effect; insomuch, that superficial examination fails to discover it. Those circumstances may be climate, constitutional differences, or epidemics. I recollect well the sentiments of the late venerated Dean of Victoria College on this subject. He said: "It is not scarlet fever; there is no fever, no rash, the papillæ of tongue not enlarged, no desquamation of skin. But," he continued, "there is a mild fever, erythematous rash, papillæ somewhat enlarged, but no desquamation. Is it not, therefore, scarlet fever without rash and desquamation?

"Epidemics when present modify disease, such as cholera, causing laxity of bowels, and likewise influenza—materially changing and modifying the usual symptoms of disease. Why, then, may not diphtheria be a modified feature of scarlatina? Dr. Williams was struck with the resemblance between scarlet fever and diphtheria."

The venerable Dean after all his research, very wisely concluded that it was difficult to determine whether malignant sore throat was or was not a modified phase of diphtheria.

I must confess I was greatly puzzled in this case. I treated symptoms, and found it glided involuntarily to that usually adopted for diphtheria—such as anti-putrescent gargles, chlorate of potash, tonics and stimulants. The patient made a good recovery from the disease proper; he was soon enabled to travel from place to place, bound sheaves in the harvest field and performed sundry other light work—but yet seemed to advance no further, his pulse denoted weakness, averaging about 90. This state of things continued for three weeks, when he complained of inability to swallow and a sense of numbness at the tips of his fingers. The paralysis increased, so much so that deglutition became extremely difficult; his teeth, using his own language, felt as pegs of wood. The ciliary muscles of the eye were so paralyzed, that he could look at nothing two minutes continuously without losing his sight. The paralysis gradually extended to both hands, being more marked on the palmar surface. The lower extremities were seized in a similar manner; locomotion became partially, and subsequently, wholly destroyed, compelling him to go to bed—for, strange to say, he could move the limbs in bed with comparative ease, yet had no control over them when out. During this period of about four weeks, I gave him tonics, iron, quinine, strychnine and electricity; but whilst the paralysis of the pharyngeal muscles, eyes and teeth was quite improved so that deglutition and reading were performed comfortably, the extremities became alarmingly worse; great tenderness and pain manifested themselves in the tracts of the ulnar and sciatic nerves and branches.

I began to fear I was administering tonics irrationally, and I withdrew them for a few days. I was now called to my patient and found him greatly prostrated, pulse 120, respiration correspondingly increased—with dry, parched skin, and thirst—and inability to move hand or foot; unless he were looking at them, he could not tell you how nor where they were lying. The fever at first seemed to be of a remittent type. If I was puzzled before, I was more than a little now, to know what to do. I soon resolved, however, to treat symptoms carefully. I therefore put him on diaphoretics, liq. ammonia acetat. being the chief ingredient. This treatment was continued until all trace of fever had subsided, a period of about four days. I became satisfied that it was more symptomatic and ephemeral than otherwise. I gave him quinine and brandy for another week, when I thought I was warranted in renewing the treatment unavoidably postponed. I did so in the form of the syrup of the phosphates or iron and quinine, giving half-grain doses of nux vomica extract twice a-day, combined with a cathartic to keep the bowels all right. The first intimation of returning power was the ability to move his thumbs slightly, then to turn his hands over, and from step to step he has improved until now, the date of my writing, or five months from the first attack of diphtheria, he is enabled to walk and perform light labor—such as feeding his cattle and attending to business generally—and is so far improved that I deem any further treatment unnecessary. There is slight œdema of the right leg, with a sense of weakness at the instep, which is gradually subsiding.

This subtle poison presents a few points inexplicable. Why, it is asked, does it primarily attack the throat, yet insidiously, slowly but surely act upon parts so distant? Echo answers why? We are directed to traumatic tetanus for illustration, and told that the poison is transmitted to distant nervous centres, causing tetanus in the one case and paralysis in the other; yet the mystery is not solved. It is stated, too, that there is some serious lesion of the peripheral extremities of the nerves. This I am inclined to believe, for the following reason: the patient in question could apparently stand a severe shock of an electric machine with impunity, when the balls were placed in the paralyzed hands; removing, however, to the wrist or arm, he was quite sensitive to the shock—and as the paralysis passed off, so he in like proportion became sensitive to it. This indicates, I think, unmistakeably, nervous lesion, so much so, that the current of electricity failed to be transmitted. Another point is, that the paralysis was worse on the side opposite to the part of the throat assailed.

In this case my ability was taxed to keep up my patient's courage; hoping against hope, I assured him he would eventually recover, and that the whole question was one of time, patience and obedience. Both him and myself are gratified to find my prognosis true.

Such cases being so rare in Canada, is my only apology for sending it, with a few comments, to the *Lancet*.

CORRESPONDENCE.

(To the Editor of the Canada Lancet)

SIR,—Irresponsible officials it is well known, are not as a class remarkable for being either courteous or obliging. Their official duties are either performed in an irregular slovenly manner, or wholly neglected. To this class Dr. Strange, the Registrar of the Medical Council, forms no exception. That such a man should have been elected to so responsible an office was indeed *Strange*. *Stranger* still that he refusing or neglecting to perform the duties of his office, has been allowed to hold it so long to the great annoyance of the profession.

Strangest of all, if at the next meeting of the Medical Council he is not called to a strict account for his unofficial and discourteous way of transacting the business of his office. In some cases, as in my own, neglecting to acknowledge a registered letter containing registration fees, sworn affidavit and diploma, (date being on the 6th day of May, 1870), and for keeping in his possession during the same length of time documents which the law compels the practitioner to lay before him, documents, which years of the best portion of a man's life are spent in obtaining.

I am sure that every member of the profession who reads this will join me in asserting that such conduct is unprofessional and ungentlemanly, and that the perpetrator is unworthy of public position or trust.

MEDICUS.

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of every Month.

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.*

TORONTO, FEBRUARY 1, 1871.

ETHICS OF CONSULTATIONS.

As some enquiries have been made regarding the proper mode of conducting consultations, we beg to submit the following clause from the code of ethics adopted by the Canada Medical Association, which covers nearly all the ground :

§ 3. "In consultations, the attending physician should be "the first to propose the necessary questions to the sick; after "which the consulting physician or physicians should have the "opportunity to make such further enquiries of the patient as "may be necessary to satisfy him or them of the true character "of the case. They should then retire to a private place for "deliberation; and the one first in attendance should communi-"cate the directions agreed upon to the patient or his friends, "as well as any opinions which it may be thought proper to "express. But no statement or discussion of it should take place "before the patient or his friends, except in the presence of all "the faculty attending, and by their common consent; and no "opinions or prognostications should be delivered which are not "the result of previous deliberation and concurrence."

Medical practitioners in some parts of the country, and especially young men, have an intolerable dread of consultations, arising from the fact that too many medical men, when called in consultation, are apt to take advantage of the attending physician, who is always more or less in their power. In some cases the consulting physician endeavors to undermine the regular attendant, by trying to work himself into favor with the patient and the family, and create distrust in the minds of the friends regarding his competency to manage the case properly. A single word, an expression of the countenance, a shrug of the shoulders is sufficient to awaken suspicion or occasion distrust; and we cannot too strongly express our entire abhorrence of such reprehensible conduct. Some professional men when called in consultation, consider it as an acknowledgment of their superior skill and attainments, and therefore assume an air of dignity and importance bordering on fatuity. Such persons should never be called in consultation if it can be avoided, and the attending physician has a perfect right to refuse to meet with any medical man whom he knows to be guilty of any dishonorable practices.

An honest, straightforward man when called in consultation is always the friend of the attending physician, and instead of trying to take the case out of his hands, will make it a point to strengthen rather than weaken the confidence the patient and the friends may have in his colleague, and defend and uphold him as far as he can conscientiously, even when he may regard him as slightly in error. If such a policy were more generally adopted, there would not be that aversion to consultations which prevails in some parts of the country.

The consulting physician ought always to be very careful never to visit the patient in the absence of the regular attendant, unless in some pressing emergency; and any opinions he may wish to express regarding the case, should be put in writing and under seal, to be handed to the regular attendant on his arrival. It is always best to adhere to this rule, even where the most intimate relations or the utmost confidence exists between the medical attendants, as any deviation establishes a dangerous precedent and may be the means of awakening suspicion or occasioning distrust.

No rivalry or jealousy ought to be allowed to mar the good effects of a consultation, and the utmost punctualily should be shown in regard to the time appointed for holding such. All discussions should be held secret and strictly confidential, and each of the medical attendants should equally share the responsibility of the success or failure of any treatment prescribed. The consulting physician should never, under any circumstances, repeat his visit, unless such visit has been urged by the patient or his friends, and with the consent of the regular attendant.

FEMALE MEDICAL STUDENTS.

The female medical students in attendance at the Edinburgh University, seven in number, are now complaining that they are not permitted to attend the clinics in the wards of the Royal Infirmary. The objections raised against their attendance in the wards, by the professors and students, is the inconvenience of treating certain subjects before a mixed audience of male and female students, and the male students have petitioned the managers of the Infirmary to persevere in their policy of excluding the females from the clinics. At a special meeting of the Royal College of Surgeons, Edinburgh, to consider the question of the medical education of females, it was moved by Dr. Wood and seconded by Dr. Gairdner, "That, in the opinion of this College, "it is neither proper nor expedient that males and females "should be associated together in the study of medicine, either "in hospitals or in classes." The female students maintain through their leader, Miss Sophia Jex Blake, that having secured the privilege of attending lectures, matriculating and enrolling themselves as medical students, they have a right also to attend the clinics at the Infirmary. They also contend that no objection can be raised with regard to women attending clinical teaching in the male wards, which does not apply with equal force to the instruction of male students in the female wards. The majority of the clinical lecturers are opposed to the admission of female students to the clinics; but it is believed the difficulty will be finally overcome by the institution of separate clinics, at certain hours, for the special benefit of female students. This is certainly much to be preferred to mixed classes. The female students have met with a good deal of opposition from first to last, but, as is usual with their sex, they have come out conquerors.

As wives, mothers, sisters and dainty little housekeepers we have the utmost love and respect for them; but we do not think the profession of medicine, as a rule, a fit place for them. But if they choose to enter upon the study of the medical or any other profession which they may admire, we see no good reason why they should be denied any ot the rights and privileges accorded to those of the sterner sex.

A writer in the *Medical Press and Circular*, of Dec. 28, says:—"It is very odd they don't try the pulpit or the bar, where their high aspirations might have free scope for gratification, and far more remunerative for their pockets, than this noble but ill-requited profession of ours."

NOTICE TO SUBSCRIBERS.

In the present issue of the *Lancet* we have enclosed our accounts for subscriptions to Vol. III., and we trust that our friends will not be remiss in remiiting the small amount due. During the past six months we have borne the expense of publication out of our own pockets, and we trust that our patrons will come to our aid in the publication of the future numbers. A few have paid tneir subscriptions, and only a few; but we feel confident that most of our subscribers only require to be reminded of their indebtedness, and the amount will be paid forthwith. Enclose the amount in a letter, and we will send a receipt for the same by return mail.

NEW (?) MODE OF REDUCING DISLOCATION AT THE SHOULDER-JOINT.

Dr. Logan, of New Orleans, has written a paper, published among the transactions of the American Medical Association, 1870, on what he calls a new mode of reducing dislocation of the shoulder-joint.

The method described by him consists in laying the patient supine upon the floor, while the surgeon sits at the same level opposite the dislocated shoulder, or a little toward the feet, at such a distance that his feet will just reach the patient's body. Taking the injured arm by the wrist, the surgeon places one heel just below the axilla, taking pains not to press the head of the humerus at all with his heel, while the rest of his foot, a little everted, rests against the ribs. The surgeon then places the ball of the great toe of the other foot against the acromion poocess above the shoulder, taking pains not to encroach too much with the foot upon the cavity of the joint. In this position he begins to make extension, at first a little downwards, and then outwards, about at right angles to the line of the patient's body. If there is difficulty in accomplishing the reduction, the arm is brought downwards towards the feet, and pried as a lever across the heel, so as to throw the head of the bone into the joint.

The general principle of reducing dislocation at the shoulder by the above plan is not new to the profession, although some points of detail may be somewhat different from the ordinary mode of procedure.

SKIN GRAFTING.

The transplantation of small portions of integument for the healing of indolent and chronic ulcers, has been recently tried on a more or less extensive scale at almost all the great hospitals both in Europe and America. The success has been variable, but the weight of testimony appears to confirm the undoubted value of the operation. Mr. Pollock, of London, who was the first to introduce this operation into England, has been very successful in his experiments at St. George's Hospital The operation was first devised by M. Riverdin, of Paris, in 1869. It consists in removing a small portion of healthy integument from another part of the body as from the chest or arms, and dividing it into small pieces about the size of a grain of rice or even less, and inserting them into the raw surface by means of the point of a sewing needle, small incisions or punctures having been made for their reception by the point of a sharp lancet or bistoury. They are then held *in situ* by small strips of adhesive plaster. The surface on which they are implanted should be healthy. Large ulcers have in this way been cured in a very short time, as every successful graft of integument is a centre around which new and healthy skin is formed. Cases are mentioned in which ulcers that have resisted every other treatment for years, have been completely cured in a few weeks by this mode of procedure. It has also been found highly useful in cases of burns in which the process of cicatrization has been tardy. In order that the operation should be successful, the granulations should be healthy, no fat transplanted but only skin, which must be accurately applied to the granulating surface. The new skin is kept in position without interruption and lightly covered with a layer of lint, over which is a small conpress of cotton-wool and a bandage, for the purpose of keeping it warm until it grows on the part.

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Professor Williard Parker has resigned the chair of Surgery in the College of Physicians and Surgeons of New York, and is succeeded by Professor Markoe who was formerly adjunct professor of the same branch. Prof. John T. Metcalfe has also retired from the chair of Clinical Medicine. It is also stated that Dr. F. N. Otis will lecture this winter for Prof. Bumstead the author on venereal diseases, whose health is not sufficiently good to warrant him in continuing his lectures this winter.

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RULES AND REGULATIONS OF THE MEDICAL COUNCIL OF ONTARIO.

MATRICULATION EXAMINATION.

The examinations in preliminary education will be held in Toronto and Kingston, on the last Wednesday and Thursday of September, and the first Wednesday and Thursday in April of every year.

Every student must pass a satisfactory examination in the following subjects, viz :—

English language, including Grammar and Composition. Arithmetic, including Vulgar and Decimal Fractions. Algebra, including Simple Equations. Geometry, first two books of Euclid. Latin, Translation and Grammar; and in one of the following subjects, the student having the option of naming the one in which he will be examined :—Greek; French; German. Natural Philosophy, including Mechanics, Hydrostatics and Pneumatics.

Note.—Students are recommended to select Natural Philosophy or one of the Modern Languoges.

The following are the text-books in the various branches enumerated below. Where more than one is named the student may elect which he will be examined in :—

Latin—Cæsar, Commentarii de Bello Gallico, first two books; Cicero, Manilian Law; Virgil, Æneid, first book. Greek—First chapter of St. John's Gospel; first book of Xenophon's Anabasis. French—First chapter of Telemaque; Charles XII. German—Adler's Reader, first part. Natural Philosophy—Peck's Ganot; Sangster's first book.

Evidence of having passed a matriculation examination in any of the medical institutions of Canada, prior to July, 1869, will exempt from matriculating before the Examiners of the Council, on payment of two dollars, provided that the various teaching bodies in Ontario furnish the Registrar a list of those who have passed prior to the above date, on or before the 20th of May, 1870, and the students of such colleges as fail to comply with this requisition, will be required to pass the matriculation established by the Council.

Graduates and matriculants in Arts in any University in her Majesty's Dominions are not required to pass the examination, but must register their names with the Registrar of the Council, and pay the matriculation fee—ten dollars.

Graduates in Medicine of any College in the Dominion, excepting those of Ontario, are exempted from passing the Matriculation Examination of the Council upon paying ten dollars, provided they can show that they have passed a Matriculation Examination in the College from which they have graduated equal to that established by the Ontario Medical Act, and completed thereafter four years of study, &c.

Every medical student shall be registered in the manner prescribed by the Council after matriculating, and such registration shall be the necessary preliminary to medical study.

MEDICAL CURRICULUM.

Every student, after matriculating as above, must spend a period of four years in actual professional study, except as hereinafter provided.

A student who is a graduate in Arts of any recognized College or University will be required to pass three years after graduating in attendance upon medical lectures, before being admitted to examination.

Every student shall attend medical lectures for at least three sessions of six months each.

The final course must embrace at least four subjects of six months each.

Each six months course shall consist of not less than one hundred lectures.

Every student must attend lectures in a University, College or School of Medicine, approved of by the Council, as herein provided, viz:—

Two courses of *six months* each upon—Anatomy, Practical Anatomy, Physiology, Theoretical Chemistry, Materia Medica and Therapeutics, Principles and Practice of Surgery. Principles and Practice of Medicine, and Midwifery and Diseases of Women and Children. *Two* courses of *three months* each upon—Clinical Medicine, and Clinical Surgery. *One* course of *three months* upon—Medical Jurisprudence, and Botany.

NOTE.—The certificate of attendance on any course is only valid when the student has attended at least four-fifths of the actual teaching days of the session, and when the Lecturer lectures on only one branch of medical science and delivers only one lecture daily; but the Lecturer on Medicine may lecture on Clinical Medicine; the Lecturer on Surgery, on Clinical Surgery; and the Lecturer on Materia Medica, on Botany and Medical Jurisprudence.

Every student must pass two periods of six months each, or one period of twelve months in the office of a "regular qualified medical practitioner," in compounding medicines, &c.

He must attend the practice of a general hospital for twelve months.

He must attend six cases of midwifery.

He must pass the primary and final examination of the Council.

All *Students* from recognized Colleges in the United States, must matriculate, and then pass three years of their medical study, including two full courses of lectures, in some Medical School in Ontario, and attend such other course or courses as may be required to complete the curriculum established by the Council; further, that all *Graduates* from recognized Colleges in the United States shall be allowed to proceed to the Examinations of the Council, after having matriculated and passed *two* full courses of lectures in some Medical School in Ontario; provided always, that such feregoing regulation shall not affect those students who have entered upon their studies in such recognized

Institutions in the United States prior to the First day of January, 1870, but that all such persons shall be subject to the regulations in the next succeeding paragraph.

Graduates in Medicine from recognized Colleges in the United States of America will be required to pass the matriculation of this Council, and attend one full course of lectures in one of the Medical Schools of Ontario; and all students from such Colleges shall matriculate, attend one full course as above, and such other course or courses as may be necessary fully to complete the curriculum established by this Council.

MEDICAL EXAMINATIONS.

1. The examinations shall be divided into two parts, a "Primary" and a "Final;" and will be conducted partly in writing and partly *viva voce.*

2. The *Primary* Examination may be undergone at the end of the third year, and the *Final* at the end of the fourth.

3. The following branches shall be embraced in the Primary Examination, viz:—

Descriptive Anatomy; Physiology; Theoretical Chemistry; Toxicology; Botany; Materia Medica and Therapeutics.

NOTE.—The general professional examinations upon Materia Medica and Therapeutics may be undergone by students at either the Primary or Final Examination.

4. The following branches shall be embraced in the Final Examination, viz:—

Medical Diagnosis; Pathology; Surgical Anatomy; Practical Chemistry; Medical Jurisprudence; Sanitary Science; Operative Midwifery; Operative Surgery and Surgical Anatomy; Materia Medica and Therapeutics; Midwifery, other than Operative; Surgery, other than Operative; Theory and Practice of Medicine.

5. The examination on the Primary branches and first eight subjects of the Final is in all respects the same for every candidate.

6. Any candidate who at his *Primary* Examination passes creditably in three or more branches, but fails in the others, shall receive credit for the subjects so passed, and be compelled to pass in the other branches only at a subsequent examination.

7. Students who intend to be examined by the Homœopathic or Eclectic Examiners in the last four branches of the Final

Examination, shall signify their intention to do so to the Registrar previous to the commencement of the Examinations, in order that he may provide means of preventing their identification by other students, or by the Examiners.

8. The next Medical Examination will be held in Toronto, commencing on the morning of the first Tuesday in April, 1871.

FEES.

For Matriculation Examination	$10 00
This is payable to the Matriculation Examiner at commencement of Examination. Unsuccessful Candidates will have $6 00 returned to them.	
For Registration of Matriculation :—	
1. Those examined before Council's Examiner	No Charge.
2. Those examined by various Colleges prior to July, 1869, if names have been reported to the Registrar by the College at which they are passed	$ 2 00
3. Graduates and Matriculants in Arts of recognized Colleges	$10 00
For Primary Examination	$10 00
This is to be paid to the Treasurer of the Council before the commencement of Examinations. Unsuccessful candidates will have $3 00 returned to them	
For Final Examinations	$30 00
This fee is payable in the same manner as the last. Unsuccessful Candidates will have $20 00 returned to them.	
Registration, for membership and authority to practise	$10 00
Registration of additional Degrees or Titles.—Each	$ 2 00

RULES FOR THE GUIDANCE OF EXAMINERS AND STUDENTS.

For Board of Examiners.

1. In the Written Examination, each Examiner shall prepare the questions upon the subjects allotted to him.

2. The questions proposed to Candidates are to be dictated to them at the commencement of the examination upon each branch, or subdivision of branch, and are not to be circulated in printed form.

3. Each Examiner is to furnish the Registrar with a copy of the questions proposed by him at the written examination, with a view to their being ultimately printed under the direction of the Council, if considered necessary.

4. Candidates are to be instructed by the Examiners that they are not to sign their names to the papers, but to use instead, a number which will be allotted to each candidate, by the Registrar, before the examination.

5. The papers, when returned to the Examiner, are to be by him examined, and the relative value thereof marked by means of numbers, from 0 to 100, in the Schedule which will be furnished him by the Registrar.

6. The values awarded by the individual Examiners to the answers of Candidates are not to be subject to revision, except by an appeal to the Executive Committee, or (if desired) to the Council.

7. The papers on the subjects of the general examination are to be finally submitted to the whole Board for approval or rejection; and those of the special examinations (in Homœopathy or the Eclectic System of Medicine) to the Examiners approved of for that purpose by the representatives of those Systems in the Council.

8. The oral examinations are to be conducted by the whole Board of Examiners. Any member may put such questions to Candidates, upon any of the subjects of examination, as may to him appear proper.

9. The passing or rejection of any Candidate is to be decided by a vote of the whole Board.

10. The written examination shall be concluded, the answers valued by the Examiners (whose decision in the special subjects shall be final), the schedules compared, and, so far as the written examinations are satisfactory to the Board, the decision must be recorded in favour of the Candidate before he is brought face to face with the Examiners in the oral examinations.

11. The questions of the Examiners in Homœopathic or Eclectic specialities shall be dictated immediately after those of the other examiners in the same branch, and are to be taken down by all the students. But only those who have given notice in accordance with clause 7 under *Medical Examinations*, will be required to answer the special Examination papers.

For Students when in Examination Hall.

12. In all the subjects of Examination, each student must write down all the questions as they are dictated by the several Examiners, whether general or special.

13. The answers are to be written upon one side only of whole sheets of paper, which are to be paged and fastened together in order, by means of paper fasteners, at the top left hand corner in such a manner as to have the first page facing outwards to the view, they are then to be folded neatly and enclosed in an envelop, on the outside of which each Candidate is to write the number allotted to him by the Registrar, to whom the packet is then to be handed. Neither signature, number nor sign is to be written or marked upon any of the sheets enclosed in said envelope.

14. In using abreviations, Candidates will take care to use only those which are generally understood, or which cannot be mistaken.

15. No candidate will be allowed to leave the Hall after the questions are given out, until his answers have been handed in.

16. No student will be allowed in the Hall during the hours of examination, except those actually undergoing examination.

17. Any candidate who has brought any book or reference paper to the Hall, must deposit the same with the Examiner, immediately before the commencement of the examination.

18. Candidates must not communicate with each other while examinations are going on, either by writing, signs or words.

19. Any infringement of the above rules will lead to the exclusion of the person who is guilty, from the remainder of the examinations.

20. Each Candidate will receive a ticket from the Registrar, which will contain a list of the subjects in which he has to pass, and which will admit him to the Examination Hall during the progress of each of such Examinations, and no other. The ticket will also have a number written thereon, which the Candidate is to use as a signature in endorsing the envelope containing answers to questions.

A Diagnostic Sign in Acute Enteritis. — Dr. Stokes, of Dublin (*Cyclop. of Prac. Med.*), first noticed the following sign characteristic of this disease:—Toward the right of the umbilicus, it is not uncommon to find a marked pulsation, as if from throbbing of the abdominal aorta or of its large branches.

Selected Articles.

REMOVAL OF A PESSARY FROM THE BLADDER.

BY LEVIN J. WOOLEN, M.D.

Mrs. W., an invalid for some six years, had during that time been under the care of different physicians, all of whom treated her for some form of uterine disease. The os and cervix uteri had been cauterized with different agents, and many kinds of pessaries had been used to support what was supposed to be a prolapsed womb. So far as I was able to ascertain, she never at any time had displacement of the uterus; but there was this peculiarity about her case: at times, having no reference whatever to her menstrual periods, she would be seized with bearing-down pains, resembling in force and character the pains of active labor, which would readily yield to what she was pleased to term a replacement of the womb. It was therefore thought advisable by the physician in attendance to resort to pessaries, and being disappointed in the use of the ordinary kinds he finally procured one of the "horseshoe" pattern, and in attempting to place it in a proper position to support the uterus, had the misfortune to push it through the urethra into the bladder.

I saw the patient some six hours after the accident happened and found her suffering with severe bearing-down pains, the paroxysms of which would last about five minutes, with intervals of ten minutes' rest. She told me that the pains were becoming harder and more frequent, and thought they were due to the presence of the instrument in her womb; for as yet no one had ascertained the precise locality of the missing pessary. Finding, on examination, that the os uteri was closed, I concluded that the instrument was certainly not contained within that organ. Exploring the walls of the vagina with my finger, I detected a hard substance within the bladder. On introducing a male catheter, in lieu of a sound, I found no difficulty in striking the pessary.

With such instruments as I had at hand I attempted dilatation of the urethra and extraction of the foreign body. In these attempts, however, I was unsuccessful, and yielding to the solicitations of the patient and her friends, I made an incision into the urethra, commencing at a point half an inch behind the meatus and extending to the neck of the bladder, some of the fibres of which were divided. The pessary was now readily removed ; a gum catheter was left in the urethra, and the patient ordered to keep perfectly quiet.

The wound in the bladder failed to close; and the patient was rid of the pessary at the expense of a vesico-vaginal fistula and partial incontinence of urine. I attempted to cure the fistula by two successive operations. The first was a total failure; the other only partially successful, union occurring at two points, thus converting one large fistula into three smaller ones. The patient died, three years after the accident, with some disease the nature of which I could not ascertain.

REMARKS.—The report of a case is valuable in so far as it teaches new facts or enables us to correct error. I shall examine a few points connected with the foregoing case, believing that they afford lessons of practical utility.

First. The proper introduction of a "horseshoe" pessary is not as easy of execution and as free from danger as may have been heretofore supposed. The physician in whose hands the unfortunate accident above mentioned happened is certainly not a rash one, nor was he altogether inexperienced. Precisely how the mistake occurred seems to him at least a mystery.

Second. With regard to the method of extraction, it may be argued that the pessary should have been withdrawn through the urethra. At the first glance such an opinion is certainly plausible; for as it was originally forced along the urethra why not extract it through the same channel ? The peculiar shape of the instrument rendered its removal in this way utterly impossible. Whether I should have succeeded better had I had the instruments needed in the operation is, I think, at least doubtful. The shape of the pessary became an insurmountable barrier to its removal through the urethra. When, for instance, one of the extremities of the instrument was brought to the internal orifice of the canal, other parts would be pressing against the tissues in such a manner that no further advance could be effected. I therefore, after a long, faithful, and tedious trial, gave up all hope of extracting the pessary *per urethram*, and so I proceeded to incise the canal.

Third. Was the operation properly performed? In the main I think it was. Believing that the case would undergo legal investigation, I operated according to the books. Selecting the plan laid down by "Gross on the Urinary Organs" as having been successfully practised by Dr. Baker, of New York, I aimed to follow the directions there given to the letter. One step of the operation, however, I am inclined to think was not properly performed. Having no probe-pointed bistoury at hand, save one that was curved on the sharp, I necessarily divided the fibres at the neck of the bladder somewhat freely. Were I again to operate for the same trouble I should take good care not to injure any of the tissues at that point. The difficulty of extracting the pessary being due almost entirely to its *shape*, I now think that by cutting down to the neck of the bladder, *and no further*, I might have withdrawn the instrument without much difficulty.

Fourth. Was the after-treatment correct? By no means. And here I venture to say that the advice laid down in most books is radically wrong. The books to which I have had access direct that we should leave a catheter in the bladder and enjoin perfect rest on the part of the patient—quoting exceptional cases to prove that union of the divided parts will occur, and the patient escape fistula. Further on, they tell us that to cure fistula we must pare well its edges, bring them together in perfect apposition, and maintain such apposition by ligatures properly applied. Why not say that the ligatures should be applied as soon as we have extracted the foreign body? Surely never again can we have such perfect apposition. The hand of the surgeon, wielded with ever so much skill, cannot pare the edges of a fistula so that they will fit as accurately as when first divided; for he who has placed a knife against the hardened edges of a urethro-vaginal fistula, knows that to pare them well is both a difficult and tedious task.

The expulsive pains heretofore alluded to proved a very formidable obstacle to the success of my attempts at closing the fistula. To them and to the resulting difficulty of retaining a catheter in the urethra—the instrument escaping the second day after the operation, during the absence of the nurse, and remaining out some twelve or fifteen hours—I attribute the partial failure of my second operation.

[The above is the fifth recorded case of the introduction of the open-lever pessary into the bladder—Dr. H. R. Storer having reported two, Drs. T. O. Edwards and Byford each one.]

The following, from the *Journal of the Gynæcological Society*, is Dr. Storer's report:

In commenting on a case reported to the Gynæcological Society, of Boston, by Dr. Edwards, in which a physician introduced a Hodge's open-lever pessary into the bladder, and for its removal resorted to incision and force, with the result of much subsequent suffering, and a persistent vesico-vaginal fistula, Dr. Storer remarked: "It would be supposed by many that the accident was almost an impossible one to occur in skillful hands. This was, however, a mistake. In the two cases which he had conducted, the previous attendants were gentlemen who were familiar with their art. The truth was, that those who were constantly using pessaries became almost too expert; their very adroitness of itself engendered a species of carelessness. It was easy to see how, in the case of an unmarried woman with a narrow vulval opening, and sensitive at that, the point of one of the lateral rods of the pessary might become engaged within the orifice of the urethra; entering a short distance, and receiving the over-twist motion or semi-rotation, it might easily escape from the grasp into the vesical cavity. He believed it was very much easier thus to introduce than to remove it, and that, as he had indicated when putting the first case of the accident upon record, the only feasible method of removal was by the way the pessary went in—through the urethra. Dr. Byford's case received additional interest from the fact that the patient was pregnant; the pessary remaining within the bladder for three months, and was finally removed without interfering with the progress of gestation. As to the proper method of introduction of the horse shoe pessary, there was a frequent want of understanding upon the part of physicians. He had known instances where, instead of introducing one limb first and swinging the instrument by semi-rotation into its place, the cross-bar had been forced squarely in, just as in the case of the closed lever; whereas, in fact, the largest horse-shoe, properly introduced, could easily pass through an opening that would not admit the smallest closed lever, as was seen in these bladder cases."—*American Practitioner.*

NEW OPERATION OF EMBRYOTOMY BY THE WIRE-ECRASEUR.

Abstract of a paper read by Dr. Robert Barnes, at the British Medical Association, August, 1870. [*British Medical Journal*, October 1, 1870.

Dr. Barnes demonstrated his new operation of embryotomy by the wire-écraseur, using a rachitic pelvis measuring about two inches in conjugate diameter, and an ordinary-sized fœtus. The head being perforated, he twisted off a portion of the parietal bones by his craniotomy-forceps, the object of which proceeding is to destroy the arch of the cranium and the sphericity of the head. This makes the throwing the loop of the wire over the head more easy, and obviates its riding off when the screw is worked. It was seen that the wire loop could be passed through the smallest chink, and, when it had seized the head either over the lower jaw or occiput, that it was instantly buried in the skull when the screw was worked. In this lay one great superiority over all other methods of embryotomy, there being no contusion of the mother's structures, all force being expended upon the fœtal head. The wire went through the base of the skull without difficulty, making a clean bisection of it. The free section being taken away by the craniotomy-forceps, the portion remaining attached tó the spine was then seized by the craniotomy-forceps and extracted without the least resistance. Dr. Barnes said it would be quite as easy to operate in a pelvis much smaller, and, if necessary, to make two or more sections of the head. The extraction of the shoulders and trunk was effected by taking off each arm at the shoulder by hook or scissors, cutting through the ribs with scissors, so as to make the trunk collapse, and then extracting by craniotomy-forceps. The whole operation was completed in less than half-an-hour. Dr. Barnes expressed his conviction that, provided there was room at the outlet of the cavity of the pelvis to allow of manipulation, there was hardly any degree of contraction at the brim that would baffle this operation.—Dr. Keiller (Edinburgh) asked Dr. Barnes if he had performed the operation frequently.—The president had never done it at the bedside. He had performed it before his classes; but he was confident that it was feasible. Dr. Keiller saw a very great difficulty in performing the operation at the bedside. He could not imagine that the head of the child could be broken by the operation which Dr. Barnes had described. He knew the difficulty of extracting a child from a narrow pelvis; and he said that the operation of the *écraseur* could not possibly deliver a child from a narrow pelvis, on account of the pressure of the soft parts and the condition of the mother. Generally, in cases of narrow pelvis, they had to contend against a contracted uterus; and the great difficulty was to get a sufficient quantity of bone extracted. The objection to the wire-*écraseur* was, that it was very apt to displace the head. He did not think the operation would be safe. The great difficulty was the base of the skull; and with a small pelvis it was difficult to keep the soft parts in the least possible diameter. He would have been glad if Dr. Barnes had told the members of a case successfully performed by the *écraseur.*—Dr. Gibson said that, in an operation such as Dr. Barnes had performed, he would suggest that it was peculiarly necessary that the chin be brought a little down, in order that the base of the cranium might be readily brought through. In removing the head they would get a better slice by first breaking through the occiput.—The president was persuaded that the operation was easy. One recommendation was, that it entirely saved the mother's parts. When the wire was brought over the child's head, the mother's parts were not injured. He thought it strange that an experienced operator should think it necessary to bring down the occiput. When once the base was perforated, there was nothing to resist extraction.

EXTERNAL PRESSURE TO THE UTERUS IN LABOR.

BY W. S. PLAYFAIR, M.D.

In 1856 Von Ritgen suggested the employment of external pressure on the uterus as an adjuvant in cases of powerless labor. In 1867 Kristeller carried the suggestion into practice, and published a number of cases in which he had found it of use.

The object was, to *push* the presenting part through the pelvic canal in cases in which the forceps would otherwise be required to *pull* it through; to apply, in fact, a *vis a tergo* instead of a *vis a fronte.*

This proposal has met with but little attention in this country; and the only author who, as far as I know, refers to it, is Dr. Barnes, in his recent admirable work. He says with regard to it: "This resource, then, should not be lost sight of. In certain cases it may obviate the necessity of using the forceps; or it may stand you in good stead when instruments are not at hand."

It is certain that the advantages to be derived from external pressure are not yet widely known or recognized; and as I have now received very material assistance from it in many cases of lingering and powerless labor, I believe it may not be without interest to state briefly the result of my experience on this point, especially as I do not know of any published cases in this country in which its use had been described.

The class of cases in which external pressure is likely to prove serviceable is of very frequent occurrence—viz., in which the presentation is natural, and the pelvis roomy, but in which delivery is retarded, simply from deficiency or absence of uterine contraction. These are the cases in which resort to the forceps is so often essential, in which the head has passed well into the pelvis, possibly descended as low as the perinæum, and in which apparently but one or two good pains are required to complete the delivery.

Firm pressure, applied under such circumstances, may act in two ways:—First, and most commonly, it may merely stimulate the sluggish uterus to increased exertion, just as firm pressure after delivery will cause a relaxed uterus to contract. In this way, pains that are feeble and ineffective may be rendered strong and useful, and a natural termination may result when artificial assistance might otherwise be required. I have of late been frequently in the habit of thus stimulating the uterus, and I feel certain that I have in many instance greatly shortened the progress of a labor that threatened to be long and tedious. It is, indeed, often curious to observe how rapidly the pains increase in force and duration, under the stimulation of gentle and steady pressure at the commencement of each pain. The following case may be taken as a good example of the beneficial effect of pressure applied in this way:

Mrs. —, about 35 years of age, the mother of several children. Labor commenced at noon on the 23rd of February, 1868. The pains were at long intervals, feeble, and of short duration. At 3 a.m. on the morning of the 24th the membranes had been ruptured for several hours, and the os was fully dilated. The pains were now more frequent and regular, but they had no effect in causing the head to pass through the brim. It remained partially engaged, but always receded in the intervals between the pains. After waiting for some time, it seemed as if the forceps would be required. Von Ritgen's method was now tried. The patient being laid on her back, and the hands being spread out on the sides and fundus of the uterus, firm downward pressure was made in the axis of the brim at the commencement of each pain. The good effects of this manœuvre were very striking. The first pain was manifestly increased in strength and duration, and the head was felt to advance decidedly as it was pushed down. The contractions now increased greatly in force, and in about six pains the head was expelled. It was in the third position, and the rotation of the occiput forward was readily made out as it descended. The child was of immense size, and living. The mother made a good and rapid recovery.

This may be taken as a typical example of the most usual effect of pressure—viz., to stimulate the uterus to increased exertion; and I believe it to be a far more effective and safe agent for this purpose than ergot.

Secondly, it is sometimes possible to push out, as it were, the fœtus in the entire absence of uterine pains. I presume that cases suitable for this must be rare, and that, as a rule, extraction by the forceps is to be preferred. Still, the following case may be taken as proving the possibility of occasionally effecting delivery in this way:

——, aged twenty-five, a lady of great delicacy of constitution, was pregnant of her third child. She had suffered a good deal during gestation, was immensely distended with liquor amnii, and for some months had been almost entirely confined to her sofa. Her labor commenced on the 10th of August, 1870. During most of the day she had feeble pains, and at long intervals. At 10 p.m. the os was only slightly dilated, and the head was felt to be presenting. The pains got somewhat stronger at 3 a.m., and at 4 a.m. the membranes ruptured, an enormous quantity of water being discharged. At 6 a.m. the os was fully dilated, and the head was engaged in the brim in the first position. The pains were now scarcely worthy of the name. At short intervals there was a barely perceptible hardening of the uterus, which disappeared almost as soon as it was felt, and had no appreciable effect on the presenting part. I was informed that ergot had been administered with advantage in a former labor, and I gave her a full dose without any good result. After waiting till 11 a.m., I began to despair of any progress. The slight contractions previously felt had disappeared, or nearly so, and I made up my mind to apply the forceps.

The husband, however, objected so strongly to any instrumental interference that I determined to try the effect of pressure, although, in the uterine contractions, I scarcely expected any beneficial results.

Spreading the hands over the uterus in the usual way, I made firm downward pressure at intervals of from five to ten minutes. The effect was more favorable than I had anticipated. With each application of the pressure the head was felt to descend, and in about three-quarters of an hour it was distending the perinæum. Now for the first time some slight contraction was felt, and the head was soon expelled. The child was born alive, and the mother made an excellent recovery.

A case of this sort is no doubt quite exceptional, and I should generally prefer under such circumstance to apply the forceps. Still it may serve to illustrate Kristeller's statement that external pressure alone is capable of effecting delivery. It is, however, as an adjuvant in cases of lingering labor, and as a means of stimulating a feebly-contracting uterus, that pressure promises to be of service. I need hardly add, by way of caution, that gentle but firm pressure in a proper direction is to be used, and that all rough handling of the uterus is to be avoided. The pressure can be most readily applied with the patient lying on her back, but this is by no means essential, and I have constantly used it in the ordinary position on the side, and without disturbing the patient.

PHOTOGRAPHY OF THE SUN.—Prof. Young, of Dartmouth College, has succeeded in photographing one of the protuberances on the sun, a scientific feat often before attempted, but never accomplished. The operation was performed with a telescope, assisted by a spectroscope.

AN ARMY OF DOCTORS.

Seventy-four thousand doctors! Think of it. All this number in our country, according to the present census, unless the newspapers inform us falsely. In 1860 there were fifty-five thousand—an increase of 19,000 in ten years, or nearly two thousand a year!

Ought not these figures to "give us pause?" Reflect a moment what an army they would make, even in this day of big armies; or what a city they would form, larger than any in many of the oldest States.

Or, look at it again from another point of view. What a mint of money it takes to support this army! Probably we are within the mark when we calculate that the average income of the 74,000 from practice is a thousand dollars a year each. This makes $74,000,000 a year, which the sick pay for medical advice. For their medicines it is safe to say they pay the odd $26,000,000, which remains to make up $100,0000,000 a year, as what sickness costs the American people. And in this calculation we have left, altogether, out of account the tons and hogsheads of quack medicines, which this misguided people pour down their throats. We could safely estimate that at $25,000,000 a year more.

As we are economical in spirit, would it not be well to save some of this? Can it not be done? Let the people study these figures a while, and then reflect that probably one-half, or certainly a large fraction of this expense, is incurred by a deliberate infraction of the laws of health; that if they tippled less, smoked less, overworked less, were less given to lechery and wantonness, ate slower, exercised more judiciously, were less "fast," and less self-indulgent, they would save some thirty or forty millions a year. When hygiene is at a loss for any other argument, she can appeal to frugality, and statistics will show that the appeal is a wise one.

Making money is in America the "chief end of man"—as the Westminster catechism has it. Plenty of advisers are ready with their wise saws to tell how it can be accomplished. We are one of them, and offer a saw quite as true and less trite than any of them, and it is this—keep healthy. Living in the midst of a commercial mart, and in the thick of the desperate conflict for wealth, we have seen many a hero in the fight lose all for the want of health, lose it, perhaps, just at the moment when a month or two more of work would have made a fortune.

It is said that when Alexander VI. died, his son, the famous Cæsar Borgia, had every provision made to seize the supreme power and make himself master of Italy, that he had every possible contingency guarded, but one, and that was his own physical inability to take advantage of the crisis. But sickened to threatening illness, by the same poisoned wine which killed his father, he lost his chance and died defeated, an exile and a captive. It were well if many an American business man took warning by the moral this fragment of history conveys, and would remember that the labor of life may be lost by the preventable illness of a week.—*Medical and Surgical Reporter.*

HYGIENIC TREATMENT OF DISEASE.

Side by side with the use of medicine, and not second to it, is the so-called hygienic treatment of disease—the study and regulation of the vital forces. The influence that the physician exercises over the mind, and through the mind, over the body; the soothing or the stimulation of the nervous power; the calming of exaltation or the stirring up of apathy; the quieting of the over busy brain or the spurring of the flagging will; the repose of over-used powers or the awaking of suspended vital functions; the subduing of the over sensitive skin or the stimulating of it where wan, muddy, and lifeless; the limiting of supplies to the over-fed frame or the repair of the wasted body by the proper kinds of foods and stimulants; the bringing into play, and so again into existence, muscle that had become wasted and paralyzed by disease; these are among the aims the physician seeks to accomplish, and these are among the means which he seeks to accomplish, and these are among the means which he seeks to employ irrespectively, but by no means necessarily, without the use of medicine; these are among the agencies which you hold in your power in the treatment of disease, and that you, each of you, exercise daily in coping with the various forms of malady, of ailment, and of constitution.—*Lancet.*

THE COUNTRY PRACTITIONER.

In an intercourse extending over many years with professional brethren both in the city and country, we have often felt how unjust is the appreciation of country practitioners, as a class, not merely by the public but by the medical men who have been trained and reside in the commercial centres.

As a rule, the country doctor is a better educated man than his neighbors; he has seen more of men; he knows their physical and moral nature better, he has daily opportunities to watch them in the great crises of life; his sympathy is educated by the frequent sight of suffering; he has learned the deep ingratitude as well as the warm thankfulness of the human heart. His life is a hard and a poorly paid one; and hard as it is, he often does not insist on the reward which he could obtain. How often do we hear of such a one that "he is not a good collector."

Such experience and such training do not tend to make a man as sharp in money matters as his neighbors; but it refines and cultivates the better portion of his nature. Who can estimate the amount of unobstrusive charity which country practitioners do every year? There is no possibility of sending the penniless applicant to some other doctor. There is no "physician of the poor" who has it a paid duty to attend them.

At all hours and in all weathers, to rich or to poor, to the grateful and to the thankless, the country practitioner must render his services; and he does it cheerfully and willingly.

The solitary education of the heart and intellect makes them a distinctive class. In no other do we find stronger and more independent views, verging, we grant, occasionally to dogmatism, but, considering their lonely study, wonderfully rarely. The scientific knowledge of these men usually perishes with them, a fact much to be regretted, for this knowledge is not the teachings of the schools, but of closely weighed experience.

It is not enough considered, and yet it is strikingly true that many of the most beneficient discoveries in medicine, surgery, and physiology have been by country practitioners, men who, in the retirement of rural life, devoted their spare moments to study and reflection on the human economy. For ourselves, the most original and bold thinkers, and some of the most skilful combatants of disease we have ever met, belonged to the class of whom we are writing. They care less for theory than for practice; less for words than for facts, and undisturbed by the advocacy of therapeutic principles, they learn more of therapeutic *possibilities.*

We have always wished and urged upon this class of men to communicate more freely than they are wont the results of their labors. We have always felt that it is a duty for them, and one the performance of which will benefit the cause of medicine and consequently of humanity, and reflect credit upon the American profession; and we now repeat and emphasize that wish.—*Medical and Surgical Reporter.*

A NEW STETHOSCOPE

Dr. H. J. Wiesel, of Wheeling, presented to the notice of the West Virginia Medical Society a stethoscope, composed simply of a wooden ovoid cylinder, one and a half inches deep. One end is covered by a cushion to fit the irregularities of the head, and an elastic band is passed around the forehead to hold it in its place. He claims for it the following advantages:

1. *It is portable.*—The Laennec and Canman Stethoscopes are both large and unwieldy, and cannot easily be carried in the pocket. This is small, and it is proposed that the space it occupies shall be further economized by fitting into it a small case, in which shall be carried either the vaccine materials and lancet, or the hypodermic apparatus, or both, if possible.

2. *It does not obstruct the ear.*—In the Canman Stethoscope, the ear is unnaturally filled up by the ear-piece, which diminishes the calibre of the meatus one-half to three-fourths. And in the Laennec instrument, as well as in the immediate method, the tragus of the ear is pushed over and into the meatus; in every case more or less obstructing the flow of sound. My instrument leaves the ear in its natural condition, and unobstructed.

3. *It excludes all mechanical sounds.*—The Canman Stethoscope has a roaring sound of its own, which it is oftentimes difficult for a beginner to separate from the pectoral sounds, and, even in the hands of the adept, leads to confusion, and prevents the recognition of fine delicate sounds. In the immediate meth-

od, where the tragus is always pushed into the auricle, there is also an artificial sound produced. My instrument fits over the external ear, and gives rise to no confusing sounds.

4. *It combines the mediate and immediate methods of auscultation.*—It presents the advantages of the immediate method, because the ear lies close to the chest, while it protects the physician from the oqjections offered by modest females or a dirty shirt. It, at the same time, gives the advantages of mediate auscultation, inasmuch as it slightly intensifies the sound, or, at least, conveys it to the ear in its purity.—*Pacific Med. & Sur. Journal.*

THE CAUSE OF DR. SIMPSON'S DEATH.

Long a martyr to rheumatism, Sir James was about two months ago laid aside from active duty by a severe attack of *angina pectoris,* which recurred at uncertain intervals, and was accompanied by dyspnea, and latterly by some degree of dropsy. Though great danger was apprehended from the first, the issue was long and doubtful, and, up to a few days before his death, it was hoped that his valuable life might still be spared for some time, though a restoration to perfect health could not be expected. The end, however, was nearer than was supposed; and after a few days of unconsciousness, he quietly breathed his last at ten minutes to eight, on the evening of Friday, the 6th of May. At the necropsy, the source of his sufferings and the cause of his death was found to be a large, dilated, fatty, heart, globular in shape, and weighing eighteen ounces. At the apex of the left ventricle, the wall of which was thinned, an aneurism about the size of a pigeon's egg was discovered; all the other organs of the body were fatty. The arteries of the brain were atheromatous in a high degree. The brain itself, that imperial source of all his restless mental activity, was found to be by no means large; it weighed only fifty-four ounces, and was consequently but little above the average of forty-nine and a half ounces. It may be remembered that the brain of Cuvier weighed sixty-four ounces, and that of Abercrombie sixty-three, so that Simpson's brain forms rather an exception to the rule, that mental power depends upon the size of brain. On the other hand, it formed a remarkable example of the perhaps more incontrovertible fact, that mental vigor depends upon the number of the convolutions and the quantity of grey matter ; for, on being exposed, the brain presented an appearance not soon to be forgotten by those who were privileged to see it, in the apparently increased number of the convolutions, and their great size and development.—*Edinburgh Medical Journal.*

TREATMENT OF DIABETES MELLITUS, BRIGHT'S DISEASE, FATTY DEGENERATION, ETC., WITH PURELY MILK DIET.

Arthur Scott Duncan, M.D., in quite a lengthy dissertation extending through three numbers of the *Lancet*, most strongly advocates the use of skim milk in the treatment of these several diseases. He claims that it is superior to the exclusively meat diet of Dr. Rollo, from the fact that it is not objected to by the patient, but is relished, especially at the outset, when the thirst is intense.

To be successful in its use, it must be persevered in, all other articles of diet being excluded until convalescence is established. The use of milk twenty-four hours will produce marked improvement ; the quantity and density of the urine fall, thirst and voracious appetite disappear, the skin becomes moist, and perspiration is re-established, the troublesome nervous symptoms are abated, and refreshing sleep succeeds to the previous sleepless, restless condition, rendered intolerable by the incessant thirst. In two cases this rapid improvement was noted. In another, with this remedy only, the urine, at the end of three days, fell from 23 pints sp. gr. 1038 to 6 pints sp; gr. 1038. So that there was a decrease of 17 pints of urine and a proportionate amount of sugar. Other prominent symptoms of the disease were also changed for the better.

Milk is better than animal diet in diabetes, from the fact that casein, being a primitive albumen, is infinitely superior as an agent of nutrition, to the albumen of muscle, which has been highly organized for an important vital function. Besides, the sugar of milk is altogether innocuous in this disease, as has been shown by experiments.

The success of the milk treatment in diabetes shows that it is not necessary to restrict the amount of fluid taken by the patient. The thirst bears a definite relation to the quantity of sugar voided, and subsides as the latter is reduced. All of Dr. Duncan's patients were kept on skim milk until convalescence had been somewhat advanced.

Two cases of Bright's disease are recorded, in which skim milk diet was resorted to. The urine, before treatment, was scanty, highly albuminous, with sp. gr. of 1010. Five pints of skimmed milk were ordered to be taken, in divided doses, each day; all other articles excluded. A diuretic of twenty grains of acetate of potash and twenty minims tincture digitalis were also ordered to be taken three times per day. This course was persisted in for two weeks, when all traces of albumen in the urine had disappeared. A tonic of quinia and sulphate of iron, with a moderate quantity of brown bread for each meal, with the milk, was continued for a month, when one of the patients was discharged cured. The other patient eating, clandestinely, starchy food, had a relapse, through which he was brought by exclusive milk diet. In nine months, under bad hygiene at his own home, the disease was gradually reappearing.

PATHOLOGY OF EPILEPSY.

The *British Medical Journal*, in the numbers of June 4th and 11th, publishes a paper on this subject by J. Thompson Dickson, M. B., etc., Medical Superintendent of St. Luke's Hospital. The following is an outline of his theory:

Epilepsy is a contraction of the cerebral capillaries and small arteries. The order of its stages is: cerebral irritation, either direct or following exhaustion; contraction of arteries; cerebral anæmia and consequent insensibility.

Muscular contractions and the phenomena of epilepsy are secondary, not essential or constant, and result from defect of innervation.

Loss of consciousness is generally admitted to be the first subjective phenomenon—called by Trousseau the pathognomonic sign of epilepsy.

The condition of anæmia has only recently been noticed. Congestion of the vessels of the face and neck is secondary, and probably compensatory of the internal anæmia.

Schroeder and der Kolk, Trousseau and Brown-Sequard, testify that, when animals have died or been killed during a convulsive seizure, their brains have been found exsanguine.

However cerebral anæmia may occur, whether from pressure or wounding, unconsciousness results. An animal bled to death passes through all the stages of epilepsy.

Pressure on the cerebrum or wounding of its substance produces contraction of its arteries, while those of the medulla oblongata at the same time dilate and are congested. This does not arise from the blood passing from the brain to the medulla; but, the circulation being checked through the brain, the proximal arteries have more blood to send to the neighbouring structures.

However anæmia of the brain may be produced, there is a tendency to convulsions: whether by sudden or gradual depletion (the latter exemplified in menorrhagia); or by distant local hyperæmia (exemplified in the effects of intestinal worms and dentition of children).

Apropos of epilepsy, one thing is to be considered: that currents traverse the nerves only from the periphery to the centre The *modus operandi'* is the same in epilepsy generally, whatever be the exciting cause, and cases marked by the *aura epileptica* may be taken as the type. A certain sensation commences at the periphery, or with one of the organs of special sense, and runs toward the brain, ending in unconsciousness. The peculiar sensation is, the final and imperfect current conveyed from the periphery to the exhausted centre.

He sums up with the following conclusions:

"1st. The essential condition of epilepsy is contraction of the small arterial vessels and capillaries.

"2nd. The occurrence of the contraction is sudden.

"3rd. The duration of the contraction is variable. * * * *

"4th. The cause of the contraction is irritation, which may be direct, but is frequently remote, and the result of a variety of causes. * * * *"

"The phenomena corresponding with the conclusions we have adduced are:

"1 and 2. With the contraction of the vessels we have loss of consciousness, always sudden, though the patient may have some warning of the attack through the medium of the irritation by which the attack is brought about.

"3. The duration of the loss of consciousness will vary with the continuance of the capillary and arterial contraction." * * It may be momentary, or profound and prolonged. In respect to unconsciousnes, there is no essential difference between *le petit mal* and *le haut mal:* the distinction consists in the muscular manifestations.

Epilepsy, then, "is loss of consciousness, the result of contraction of the cerebral capillaries and smaller arteries, induced by irritation either direct, or secondary to exhaustion."—*New Orleans Journal of Medicine.*

◆

A Convenient Night Urinal.—Last year I had occasion to test a variety of night urinals in a case of atony of the bladder in the male, and found them inefficient in conducting off the urine, and in keeping the bed dry and free from the disagreeable odor in such cases. "Necessity is the mother of invention," and I procured a sheath of gold-beater "condom," cnt the end off and made it fast to a rubber-tube about ⅜ of an inch in diameter and some three feet long; passed the condom over the penis, and the rubber-tape beneath the scrotum, to retain it in place; made a slit in the matrass a little below the middle of it, through which the tube was passed into the night vessel beneath the bed, where the urine found its way as fast as it was secreted, without very much inconvenience to the patient. He could turn upon either side and in a short time became accustomed to its use, and was made so comfortable by it that he often referred to it in the highest terms af commendation.

It costs about sixty cents, and is in every respect superior to the $3 and $8 urinals designed for such cases. Of course, an ingenious manufacturer would improve upon this, by having the sheath pass over the scrotum, and all one continuous tube.

I enclose one to you, which you will find a cheap and excellent device, and which will answer very well for a night urinal. —*Med. & Sur. Reporter.*

TREATMENT OF CHANCROIDS.

BY DR. CHAS. C. SHOYER, OF LEAVENWORTH, KANSAS.

I have been most successful in the treatment of chancroids by the following plan. I apply subnitrate of bismuth as a dusting powder with tannin (but do not think the latter essential) as follows:—℞ Bismuthi subnit. 1 oz.; tannin 1 dr.—M. S. Apply night and morning. I also apply an ointment of the same, bismuth. 2 drs.; adeps. 1 oz., on lint or old linen, to prevent contact of the surfaces. Internally, the following:—℞ Ferri et potass. tart. ½ dr.; potass. chlorat. ½ dr.; aquæ 4 oz.—M. S. One-half teaspoonful before meals. The worst cases recover in five days. I order the parts washed with soap and water twice a-day, and then dusted; afterwards the unguent applied on cloth.

HYPODERMIC INJECTIONS.

Hypodermic injections of various kinds are now so frequently used, and the operation appears so superlatively easy, that we are somewhat apt to forget how much the comfort of the patient may depend upon the maker of the instrument used, and upon the manipulation of him who uses it. Whatever form of syringe be employed, good needles and suckers are the first desiderata· Gold and steel needles are used; but we have little hesitation in recording that those made of the latter metal are the best, if very fine and delicately pointed. Only those who have been the subjects of operation with needles of various kinds, can properly appreciate the skill of the accomplished workman in this matter. Too much care cannot be employed in the making and fitting of suckers. Strongly acid injections are frequently used, the action of which no suckers will long withstand; and as it is necessary that these suckers should be renewed at frequent intervals, it is also equally necessary that the workmanship should be perfect, so as to insure perfect accuracy as to quantity of injection. The working of the instrument is specially worthy of attention. A faultlessly clean syringe, a very fine and sharp needle, well oiled, are necessary items. The point of the needle should be introduced with the opening downwards, and the piston, whether plain or screw, should be depressed gently and at regular intervals; for the quick and forcible introduction of any fluid under the skin is always irritating, and often very painful indeed. The needle should be withdrawn gently, and without any rotatory movement, and the wound of the skin closed with the finger for a minute or two after the operation.—*Lancet.*

NEW ATISEPTIC.—Mr. John Gamer recommends (Lancet, Sept. 3rd, 1870) the hydrated chloride of aluminium as possessing extraordinary value as a general antiseptic—"indeed, as a substitute for the very poisonous solutions of chloride of zinc; the caustic carbolic acid, which from its smell cannot serve for many purposes; chloride of lime, which envolves the most unpleasant fumes when used in water-closets or elsewhere; the permanganates, which stain; and sulphurous acid, which cannot be conveniently used in hospitals or in the sick chamber."

The new antiseptic, which Mr. G. terms *chloralum*, is non-poisonous, entirely devoid of unpleasant smell, and may with perfect safety be used for the preservation of edible articles, such as meat, fish, etc.

For ordinary disinfecting purposes solutions varying from 1006 to 1010 specific gravity, are quite strong enough. It is quite harmless to vegetation.

"In the dead house, the dissecting-room, museum, and laboratory, chloralum will be found invaluable."

CHLORODYNE.—In regard to the composition of this popular medicine, the most decisive communication is one from Mr. E. Smith, of Torquay, who made a careful qualitative and quantitative examination of Dr. Collis Browne's chlorodyne, and puts its composition as follows:—℞ Chlorof. 4 drs.; morph. mur. 20 grs.; æth. rect. 2 drs.; ol. menth. pip. M. 8; ac. hydrocy. dil. 4 drs.; tinct. capsici 6 drs.; mucil. acac. 1 oz.; theriacæ ad 4 oz. M.—*Pharmaceutical Journal.*

PROTRACTED RECOVERY.

FROM EXTENSIVE COMPOUND COMMINUTED FRACTURE OF LEG.

BY DR. ELLIOTT RICHARDSON.

The uncertainties of prognosis are frequently illustrated by fatal results from apparently trivial causes, while, on the other hand, it is sometimes our fortune to witness wonderful recoveries from injuries which would generally be considered almost necessarily fatal, either to life or the usefulness of the member affected.

The following case possesses some interest, not only on account of the ultimately favorable result, but also on account of the protracted recovery.

A railroad employé, 31 years of age, of good height and physical development, in good health, but not free from the use of alcoholic drinks in excess at times, was admitted to the Pennsylvania Hospital, under the care of Dr. W. Hunt, October 29, 1869, suffering from injuries received by being run over on the railroad.

On examination, the right thigh was found to be much swollen and discolored, giving evidence of very serious and extensive contusion of the part. The knee-joint was unharmed, but below the knee the limb was extensively injured. On the inner and upper side, about three inches below the joint, was a lacerated surface about three inches in length, communicating by a rather narrower opening with the seat of a commniuted fracture of the tibia. At a distance equal to about one-third the circumference of the leg on the upper and outer side was a wound about an inch in length, which was found to communicate with a fracture of the fibula.

The fracture of the tibia was freely examined at the time, and found to include, as nearly as could be ascertained, the entire shaft of the bone for a distance of two and a half inches to three inches, the fragments consisting of a large one and a number of smaller ones. The fracture of the fibula was not comminuted.

The patient was profoundly depressed at the time of admission, but, gradually recovering, efforts were made to save the limb. He remained in the hospital until April 6, 1870, during which time several fragments of bone were removed through the sinuses, four in number, communicating with the fracture. At the time of his discharge the fibula had united, but the tibia showed no evidence of attempt at union, and the patient, refusing to submit to an operation for the removal of a large fragment of necrossed bone, went to his home.

On the 22d of June I saw and examined the leg. No union had yet occurred between the two fragments of the tibia. The sinuses still continued to discharge minute spiculæ of bone. On introducing a probe, it was freely passed over a denuded surface of bone for a distance of at leat two inches.

When I next saw the patient, October 6, 1870, I found both bones of the leg firmly united. A large amount of necrosed bone could still be detected; but he had so far recovered the use of his limb as to be able to walk with the aid of a cane. There was shortening produced by a marked curvature towards the tibial side, but the muscular development and usefulness of the limb seemed to be good.

It will be seen, from the above, that nearly a year elapsed before union between the fragments of the tibia occurred, and that it occurred at least between fragments of bone separated two or three inches from each other.—*Medical Times.*

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IN-GROWTH OF THE TOE-NAIL.

BY J. WARING-CURRAN, L.R.C.S.I., L.K. Q.C.P.I., &C.

The general treatment of ingrowing toe-nail which is always tedious and frequently troublesome, it is not my intention to review, but as briefly as possible to explain a form of treatment which I have practised for the last three years with uniform success, or, to be accurate, with that amount of success which may be expected resulting where evulsion of the toe-nail is not resorted to, and where, I think, I shall presently show the necessity of performing that simple, though painful, and disagreeable operation, was in several instances overcome. The first four of my patients were cases wherein 1 had exhausted my experience and book-learning, in order to prevent, if possible, evulsion; but there was little improvement; the case did not progress as would have been desired; accordingly, I took advantage of a fortunate incident in trying a new method of treatment. At the house of a literary friend, I met an Italian lady, whose high attainments and publications are well known in literary circles. After discussing various topics, in conversation,we entered upon the very remarkable one of "filbert nails," which she told us were cultivated by the ladies of her native town to such a degree that they ignored the wearing of gloves, in order to exhibit the neatness and symmetry of the finger nails. She told me, in order that they may be properly grown, chiropodists, practising the art of nail cultivation, were in the habit of putting their consultees under the following plan of treatment. Out of the centre of the nail they cut a triangular portion—the base at the free extremity of the nail, and the apex at the matrix—so as to encourage the nail to contract from the edges towards the centre; or, in other words, to make the central part of nail grow with greatest prominence. Having three chronic cases of in-growing toe-nails in the district, I bethought me to try the plan of cutting out a triangular central portion, with a very wide base, shaving the edges of the in-growth as thin as expedient with a piece of glass, and tying the separated nail together loosely with a piece of dentist's silk from beneath, and placing between the nail and contiguous soft parts, into which the nail intruded, a piece of thick worsted, coated with mercurial ointment. Where those exquisitively-sensitive granulations existed, I applied some extract of belladonna and resin ointment rubbed together, and adopted the same method in remedying the shape and growth of the nail.

In the course of time the affected nail assumed a better shape, grew out more prominently, and away from the sides, whilst the pain and irritation was overcome by the belladonna application, and eventually cured by the mercurial ointment, and pressure taken off by the better shape assumed by the nail.

As against every method of treatment, which has for its object the cure of in-growing toe-nail without evulsion, it may be said, my plan needs much patience, and requires time and perseverance. The patients were only too glad to have something to do, and to practice it, for there is a great antipathy among them to tearing out the nail by the forceps even under chloroform. I ignore the ether spray, for I have used it in removing a toe-nail, and should be sorry to depend on its pain-destroying virtues in future.

Nails, thus operated on, acquired a normal shape in six months; whilst in from six weeks to three months, according to the existing severity of mischief in the soft parts surrounding the nail, the toe became healthy. I insisted on the wearing of broad toed shoes with low heels, that the foot should not be thrown too prominently forward, or the toes be unduly compressed together.

In two of my patients the outer side of toe-nail had overhanging soft parts which appeared healthy on the surface, but into which the nail was growing; these I shaved off with a bistoury, lifted the nail, took out the triangular portion and, by stimulating applications, got a flat, healthy surface, which soon skinned over.

It may be readily gathered what I mean to show is that a central portion cut out of the nail will alter the shape of that nail, and, if the disease in the soft parts be attended to, will be found of great practical utility in treating, and altering the shape of, an in-growth of the toe-nail.—*Med. Press and Circular.*

TORONTO HOSPITAL REPORTS.

SUMMARY OF CASES UNDER THE CARE OF DR. CANNIFF.

(Reported by Mr. Abbott, Clinical Clerk.)

Thomas D., aged 17, native of Canada, admitted 13th October, 1870—suffering from shock. Was accidentally run over by Lieutenant-Governor's carriage at the Agricultural Fair. Had been in a state of collapse for some time. It was feared that some important internal organ had been ruptured. But after his admission into Hospital no particular symptom appeared. Most likely there had been severe concussion of the solar plexus. Was dismissed quite well, 24th October.

John R., aged 33, native of England, admitted September 27, 1870—venereal disease. Disease appeared 23rd August. Had up to time of admission treated himself, by applying sulph. copper and Holloway's ointment. The most interesting feature of this case was the fact that the primary chancre, which was deep and cartilaginous with no discharge, readily healed under the use of caustic, black wash and calomel; and about 24 hours after, as he was about to leave the Hospital, there came around the seat of the first sore a plentiful crop of small pimples, which shortly formed into soft chancres. These were gradually healing when he ran away, having violated rules. The use of calomel above referred to, consisted in sprinkling the chancre with it. This has been found useful in several obstinate cases of Hunterian chancre, and is recommended instead of the internal use of mercurials.

Margaret B., aged 70, native of Ireland, admitted October 25, 1870—a burn. Caused by falling, probably while intoxicated, upon a heap of burning shavings. There was extensive burning of the skin upon the left side of the face, neck, chest and over the stomach. There was a good deal of prostration, and it was necessary to support her. The burn was treated by the application of linseed oil and carbolic acid, and the exclusion of the air from ulcerated surfaces. The healing did not quickly set in, but finally proceeded, and all ulcers were closed up by 1st December.

Kate C., aged 24, native of Canada, admitted 2nd November, 1870—typhoid fever. A servant, with well marked symptoms of fever, the prognosis unfavorable. Has been ill for a few days. To have a warm bath, and take fever mixture—liq. amm. acet., 2 oz.; spt. eth. nit., 1 oz.; tinct. hyos., 6 drs.; aqua ad., 8 oz., every three hours, unless in a sound sleep or sweating. In twenty-four hours' time the symptoms had much modified. The condition of the patient did not materially change during the following seven days. In the meantime she took freely of beef tea, milk, and occasionally farinaceous food. On the 11th, whiskey, 4 oz. in twenty-four hours was ordered. On the whole, the patient took but little stimulant. Convalescent about the first week in December. At the last, as a tonic, she took tinct. nux vom., 10 drops three times a-day.

James G., aged 28, native of England, admitted 24th November, 1870—acute rheumatism. Has been ill two days. Parts first affected were feet, then legs, and then the arms. Treated by administration of pot. iodidi, 5 grs. every eight hours. Hydrate chloral, as an anodyne when necessary, grs. from 10 to 30. On the 26th, a black draught, with 40 drops tinct. opii was given, The acute symptoms abated, and became much better until Dec. 6, when, from careless exposure or the condition of the weather, he was worse. A good deal of swelling and redness of feet and hands; but a strong lotion of plumbi acet. soon gave relief. The iodid. pot. discontinued, and tinct. iron, 25 drops in water, substituted. Tinct. iodine occasionally applied. He was confined to bed for ten days. Appetite fair; and there was no restriction to food. Convalescent by the 15th December.

BOOK NOTICES.

ANATOMO — PATHOLOGICAL NOTES ON EPILEPSY. By Gonzalez Echeverria, M.D. (Univ. Paris), Professor of Mental and Nervous Diseases at the University Medical College of New York. Physician-in-chief to the New York Hospital for Epileptics and Paralytics, &c. New York: Wm. Wood & Co. Toronto: Adam Stevenson & Co. $5.

This is an 8vo. volume of nearly 400 pages, handsomely bound in cloth, and illustrated with four beautiful chromo-lithographs and six heliographic plates expressly made for this work. The plates have been faithfully copied by the author, from specimens which he has prepared.

The author does not claim to offer any new discovery, although he hopes to be able to throw new light on some subjects not well established. In the first chapter he gives the various theories entertained by different writers, regarding the supposed pathology of the disease, and finally gives his own views on the subject. He entertains the opinion that the medulla oblongata is the original seat of epilepsy, and several cases are given which seem to verify these statements; and that the disease pri marily involves the vaso-motor nerves of the great sympathetic. Organic lesions are observed, however, in long standing cases in the cranium, brain, cerebellum, spinal cord, peripheral nerves and sympathetic ganglia; but the medulla never escapes the influence of the disease. The lesions in the sympathetic system noticed by the author, consist mainly of a proliferation of connective elements, at the expense of the nerve-cells and fibres. In the 2nd, 3rd and 4th chapters, he treats of the cause and pathology of epilepsy; and in the 5th and 6th he refers to the frequency and nature of the attacks, and the appropriate treatment. He prescribes pot. brom. and strychnine, with counter-irritation to the nape of the neck, and discusses the use of sub-cutaneous injections of woorara, but does not consider it useful. He strongly recommends the adoption of hygienic measures, and good nourishing diet. He deprecates the use of narcotics, except conium, which he considers valuable in cases of cerebral derangement or vertigo. The author is also in favor of trephining the skull for the relief of epilepsy due to local injury to the head.

THE CAUSES, SYMPTOMS, RESULTS AND TREATMENT OF SPERMATORRHŒA. By Roberts Bartholow, A.M., M.D., Prof. of Mat. Medica and Therapeutics in the Medical College of Ohio. New York: Wm. Wood & Co. Toronto: Adam Stevenson & Co. $1.

This little work, which has reached its 3rd edition, comes to us somewhat enlarged and improved. But whilst some additions have been made to the previous editions, the author says he has not changed his views regarding the nature and true mode of treating spermatorrhœa; but is more than ever convinced that it is a *neurosis*, and that the treatment, to be successful, must be based on this pathological basis. This is quite different from M. Lallemand's theory, the central idea of which is the production, by various causes, of an irritation or inflammation of the prostatic portion of the urethra and seminal ducts.

It is a useful, practical work on the subject upon which it treats, and supplies a want that has long been felt by the profession. A great aversion is entertained by many practitioners regarding a subject so disagreeable in itself, and in this way many an unfortunate patient falls into the hands of ignorant quacks, whose only object is to work on the credulity of the patient, and extort from him fabulous sums as a compensation for their services, Viewed in this respect alone, the little work before us will accomplish a good purpose. The instruction on the treatment of this neglected affection is both valuable and practical.

PRACTICAL ANATOMY; A Manual of Dissections. By Christopher Heath, F.R.C.S., Assistant Surgeon to University College Hospital, Teacher of Operative Surgery in University College, London, &c. First American from the Second English edition; edited, with additions, by William W. Keen, M.D., Lecturer on Pathological Anatomy in the Jefferson Medical College, &c., &c. Philadelphia: Henry C. Lea, 1870. Toronto: Copp, Clark & Co.

A "dissector's manual" is an invaluable assistant to the student of anatomy, and we are happy to welcome the new edition of this valuable work. The first English edition was issued about six years ago, and was favorably received not only on account of the great reputation of its author, but also from its great value and excellence as a guide-book to the practical anatomist. The second edition, which was much enlarged and improved, was published last year. The American edition has undergone some alterations and additions which will no doubt enhance its value materially. The convenience of the student has been carefully consulted in the arrangement of the text, and the directions given for the prosecution of certain dissections will be duly appreciated. Directions for the preservation of the subject, the injection of the vessels, and the making of preparations for future use, have been given in an appendix. Several illustrations and diagrams have been introduced, which serve to make it more interesting and instructive.

We have just received the first No. of the American Journal of Microscopy, published monthly by George Mead & Co., Chicago, at $1 per annum.

This journal is issued in neat quarto form of 16 pages, printed on good paper, in clear type, and promises to be a useful and instructive serial. Scientific men in general, and all interested are invited to contribute to its pages; and valuable premiums are given to agents and others who send in subscribers. We have great pleasure in placing it on our exchange list.

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EYE-SALVE IN "GRANULAR LIDS," AND CASES OF CHRONIC OPHTHALMIA.—Dr. John Williams (*Dublin Quarterly Journal*), after long experience, speaks most confidently of the following ointment :—℞ Arsenicæ sulphureti 2 grs.; unguenti citrini 2 drs.; axungiæ preparat. 6 drs.—M. bene. The upper eyelids should be everted in cases of "granular lids," and about the size of a hemp-seed of this ointment should be applied with a camel's-hair pencil, which must be introduced into the superior palpebral sinus, to the diseased conjunctiva. In suggesting this local remedy he is not unmindful of general treatment.

A little girl in England sat down on a block of wood which had been sprinkled with carbolic acid as a disinfectant. She was so severely burnt as to cause her death in three days.

THE

CANADA LANCET,

A MONTHLY JOURNAL OF

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Original Communications.

CHLORAL AS A REMEDY IN PUERPERAL CONVULSIONS.

By Walter B. Geikie, M.D., F.R.C.S., Edin.; L.R.C.P., Lond.;
Fellow Obstetrical Society of London, Eng.

Already chloral has achieved no mean reputation in many cases where sedation of the excited nervous system is indicated, and to its truly wonderful powers in procuring quiet sleep in the distressing and injurious wakefulness of continued fevers, in delirium tremens, and in many other diseases, numerous writers have recently borne their willing testimony.

I am not aware of the use of chloral in puerperal convulsions having as yet been put upon record in Canada, although since I employed it in the following case, I have read of an instance in which it was so used by Mr. Fox, of Manchester, England. As the remedy acted so very satisfactorily in my hands, I thought a notice of the case would prove of some value to the profession.

On January 2, 1871, I was called about midnight to see Mrs. —. I found her in labor with her first child. Everything went on in the most natural manner, the head presenting, and the os uteri dilating gradually and well. There was no unusual tediousness, and the patient appeared to bear her pains with more than ordinary patience and with very little complaint of suffering. About 5 a.m., the perinæum came to be pressed upon by the head, and its distention was most regular and gradual. The pains at this period of the labor were not at all too strong or too long continued, a good interval taking place between them.

The perinæum had become so much stretched as to admit of the protrusion of a part of the head through the external orifice, and another pain or two seemed all that was needed to finish the labor. I advised the patient to keep as still, and bear down as gently as possible when the pains came on. Just as I had done so, she said it was coming, but that she felt unable to lay hold of the sheet with her hands, and in an instant, without further warning, she was seized with a most violent convulsion. Her body was thrown from the front to the back of the bed, while the child (which was born alive) was thrust suddenly and with great force through the vulva, lacerating the perinæum considerably, but fortunately not so as to injure the sphincter of the bowel.

There was in this case no evidence whatever of active cerebral congestion prior to the supervention of the fit. Contrariwise, the patient's whole aspect indicated a state of general debility. The convulsion appeared to be due solely to the suffering caused by the pain during which it took place.

On the cessation of the convulsion, I administered a powder containing 1¼ grs. of opium, which I happened to have by me, and having attended to the delivery of the placenta and the application of the bandage, sent at once for some chloral.

Before the messenger returned, in about thirty minutes after the first fit, she had a second, and in twenty minutes more she was evidently about to have a third, when I gave her a dose of chloral—40 grs.—in sweetened water. In a very short time she became quite calm; and becoming, in half or three quarters of an hour, somewhat restless, I repeated the dose. She fell asleep and slept for several hours, and had no return whatever of the convulsions. I may add, that each fit lasted about five minutes, and that as the bowels had been moved early in the labor, there seemed no necessity for troubling her either with an enema or a purgative.

The patient was threatened subsequently with puerperal mania, which danger was happily averted, and still later in her convalescence she suffered severely from diarrhœa; but had no sign of any convulsion from the time the first dose of chloral was administered.

CASE OF OBSCURE ABSCESS IN THE NEIGHBORHOOD OF THE RECTUM.

BY WILLIAM COBURN, M.D., OSHAWA.

On the 15th of December last, Mr. R. L., aged 53, Lower Canadian, French by birth, grinder by trade, was taken ill and obliged to cease work; on the 17th, or two days later, I was asked by his employer to visit him. I may here state I had some knowledge previously of the peculiar diet and mode of preparation adopted by my patient. His diet consisted chiefly, wholly indeed, of bread, buns, cheese and raw pork (the fattest he could buy), strong tea, and when eggs could be had, fresh or old (for it mattered little to him), on an average four to a meal—cooked of course in a plentiful supply of butter—and both eggs and pork highly peppered. As you will have already inferred, he prepared his own food and kept his own room, which was only a few yards distant from his place of work.

It would only require one to stand for a short time in the room in which my patient worked ten hours a-day, to form a correct estimation of how intolerable such a diet as the above must necessarily have been to any system exposed to the temperature of that room. The foregoing, I may mention, had prepared in me anticipations of the case. Upon visiting him, therefore, I was not disappointed to find congestion of liver, kidneys, bowels, and, to a certain extent also, of the lungs.

Upon enquiry, I was told that the bowels up to the time he was taken were acting "as usual," not to say free, nor yet confined; that he had taken some opening medicine, which had acted freely, and that he did not think the bowels were then any at fault. Neverthelss everything tended to confirm the belief in my mind that the excrement was not in proportion to the increment, and had not been for a very lengthened period.

I was therefore prepared to tell him that all solid food must cease—the system having a good round month's supply already in store—and that time, success and everything tending to his safety would materially depend upon his forbearance in that particular.

Preliminary to the use of any medicines, I administered a stimulating injection: ol. terebinth, 1 oz.; ol. ricini, 2 oz., followed by a copious supply of soap and water. The injection having acted, hardened and old portions of stool were eliminated in such quantities as to astonish the patient, who now indulged in frequent expressions of relief, and prophesied for himself an early recovery.

Considering the quality and quantity of the patient's food and the high temperature to which he had almost constantly been exposed, I had reason tacitly to prophesy very differently. I was fully convinced that under the most favorable circumstances the progress of the case would be tedious, and in this I may state there was no disappointment; but at this time I had no expectation or suspicion whatever that any complication such as marked the case subsequently, was in store for him, although I feared abscess of the liver.

Little change marked the progress of the case, although very much better than when first seen, until the 2nd of January, when he complained of great weight, "a bearing pain," in the neighborhood of the bladder, and pain in the region of the sacrum; noticeable at this time also was an inability on his part to bear more than half-a-pint of injection before he cried "enough," and what had already been injected began to return. I may mention here, that during the whole time intervening the 17th of December and the 2nd of January, daily use of the enema pump with soap and water formed a portion of the treatment—the bowels not acting without—always affording marked relief; but never, except on few occasions, removing anything decidedly fecal in appearance; each injection on its return bore a strong resemblance to water in which fat meat had been boiled—the fat floating on the surface, and mixed with it a large quantity of bile.

From the 2nd of January, or the time at which the pelvic symptoms became prominent, till the afternoon of the 5th, to speak truthfully, the case was to me a mystery;

on the afternoon of the 5th there was great uneasiness about the rectum complained of—frequent desires to stool and frequent attempts without any relief—as expressed in his own words, "only able to go so far and then stop," until finally something passed which proved upon inspection to be about a pint of thick, offensive pus, which was repeated in quick succession five or six times to the extent of about half-a-pint each time. That I then had abscess as a complication was beyond doubt; but I confess I was not at this stage without doubt as to its exact seat. The discharge from the afternoon of the 5th till the 15th was frequent and very great, after which it began to diminish and become more sanguineous; at this stage the patient's prospects were apparently worth but little; the septum was visibly giving way; the rectum, anus and parts around it were greatly inflamed and very sensitive; the stench could hardly be endured. Those of my fellow practitioners who have ever had the misfortune to have had charge of a case of pelvic abcess, will have in their remembrance an approximate idea of what the smell was in this case.

The enema tube was not used after the 5th, owing to the tenderness and pain; but now the 15th, I prevailed upon him to allow the rectum to be washed out with some disinfectant. I prepared a solution of chlorine (pot. chlor., 8 grs.; acid hydchlor., 2 drs.; aq., 1 quart), succeeded in gaining consent, and was happy to find next day after the first operation the room less disgreeable and the patient somewhat improved.. The injection of disinfectants was continued for several days, attended with less pain and followed by the same satisfactory results, and occasionally alternated with olive oil with the view to soothe. That the case was not one of abscess of the liver, various evidences served to convince. In the first place the characteristic chill, so indicative of the formation of matter in the liver, was absent; besides, so extensive an abscess as it proved—the pus in the aggregate amounting to not less than three gallons—I hardly think could possibly exist in any portion of the liver or its neighborhood, without some external indications—such as enlargement and pain. As additional evidence that the liver was not its seat, the matter invariably passed after the bowel had ceased acting, appearing to make its escape at the close, when tenesmus was most prominent. Another thing noticeable was, the matter always passed without causing pain, not a characteristic sign by any means of matter coursing the intestinal tract any great distance; for I well recollect a case of abscess of the liver I once met with, where the most intense suffering existed fron the time the matter made its way into the bowel until its discharge from the rectum. These, taken together, I think pointed to the neighborhood of the rectum as the seat of the trouble. My conclusion was that it was situated in the cellular tissue behind the rectum; and this was strengthened by the fact, that the introduction of the catheter twice daily from the 3rd December until the 23rd January, gave no pain whatever, but always diminished in a marked degree the constant sense of fullness in the locality indicated.

Although my patient—a mere skeleton yet, 17th February—has sufficiently convalesced to admit of his being able to walk about and exercise in the open air, still I fear complete recovery is yet a matter of doubt, small quantities of matter still passing at intervals of ten or twelve days; and in the face of this and the fearful ordeal he has just passed through, he is falling, irresistibly it would seem, into the same mode of living as before. I shall not be astonished should the abscess re-form, or, as a secondary complication, the case end in fistula.

I have not been induced to forward a report of this case from any sense that recovery, so far, is attributable to anything extraordinary in treatment adopted—it being merely of a precautionary and sustaining character—but because it is one illustrative of what a strong constitution will sometimes endure; and because of the insidious and remarkable manner in which the abscess was developed; and also, I may say, because of the extreme rarity, so far as I can learn, of such cases in general practice.

I may here state that the obscurity of this case was increased materially by the fact, that the patient had as much difficulty in rendering English intelligible to me, as I should have had in rendering his native language intelligible to him.

INFANTILE REMITTENT, OR WORM FEVER.

BY A. AGNEW, M.D., DELAWARE.

In remittent, or so-called worm fever, it is often difficult, if not impossible to say whether the parasite is the *cause* of the symptoms, or whether it merely complicates the case. The case reported by Dr. Darragh in the Januaay number of the *Canada Lancet*, does not throw much light on the matter. The presence of eighteen worms in the bowels, scarcely seems sufficient to account for the symptoms he describes. The following notes of a case recently under my care, may be interesting to your readers:

I was called on the 10th of January to see Hatty W., a girl eight years of age. She had been, as her mother described it, "not like herself for some time," and the day before had taken to her bed. Shortly after, an eruption, resembling large, irregular patches of urticaria, but with purple edges, made its appearance, principally on the right side, which was covered from neck to heel. There was some swelling of the right cheek and the right eye was nearly closed. The color was persistent under pressure. The eruption disappeared in a few hours, and returned the next day and again disappeared. There was a troublesome cough, with mucous rales in the right lung. The face was dusky and anxious in expression. Tongue loaded with a dirty brownish fur, intensely red at the tips and edges. Pulse 120 to 130, rather weak. Stools frequent, frothy and offensive. Abdomen slightly tympanitic, general uneasiness, but no pain. In short many of the symptoms of a well-marked case of typhoid fever. During the week previous to my being called, she had passed several worms, (lumbrici) from the bowels, and a number had "crawled up her throat, and she pulled them out of her mouth with her fingers," in all 12. I diagnosed worms, and, without stopping to enquire whether they were *cause* or *effect*, I determined to attack the "varmints." I prescribed eight grains of santonin with two of calomel rubbed up in sugar, to be made into four powders, one to be given every four hours. I saw her again on the 12th and found that she had several frothy stools, in which quite a number of worms had come away. She had also thrown up several, in all between 20 and 30. I repeated my prescription, and as the rales in the lung had not subsided and the cough was still troublesome, I ordered demulcents, with bread and milk or rice and milk diet. I called next day and found the cough relieved, the rales had nearly disappeared. She had got rid of a further batch of nearly 30 worms! The tongue was better and the general expression much improved. As there was still some tympanitis and general uneasiness, I gave 20-drop doses of ol. terebinth in yelk of egg and sugar emulsion, every six hours for two days, followed by a calomel and jalap purge. Effect.—16th. Her father called to say that she was much better, that she had passed large numbers of worms with every stool, in all, since I saw her, 152! *and he is ambitious of reaching* 200 *! !* As quite a number came away with the last stool, I ordered a 20-drop dose of the turpentine to be taken in the morning, and two grains of pul. scammonii at night until further orders. 18th. Saw her again. Seven more worms had passed. The irritation due to the presence of the worms has abated, and the febrile symptoms are now distinct, the remissions being well marked. I put her on quinine and iron and she made a good recovery. Three more worms were passed during her convalescence, making, with the twelve passed previous to my seeing her, no less than 174!

I think that the above case is instructive, inasmuch as the symptoms of an ordinary remittent fever were so completely masked by the presence of the parasites.

WOUND OF THE ABDOMEN.—RECOVERY.

BY WILLIAM G. MIDDLETON, L.M.B., ELORA, ONT.

About 9 a.m. on Tuesday, the 27th of February, 1866, I was sent for in great haste to see a young man who had been fearfully injured at a flax mill, about a mile from the village of Elora.

It seems that he had been removing the flax from the scutching machine with a pitchfork, which was caught by one of the blades of the machine and the handle of the fork was projected with great force into the cavity of the abdomen, about an inch below and a little to the left of the umbilicus, making a transverse wound one and a-half inches in length, through which about a yard of intestine protruded. On reaching him I found Dr. Paget supporting the bowel, compressing with his finger and thumb one of the mesenteric arteries, which had been bleeding freely. I at once secured it and assisted him to reduce the bowel, which was highly congested and distended with gas; after a little difficulty we succeeded in *replacing* the gut, which had been returned into the abdomen by Dr. Paget before my arrival, but which from the man's vomiting had been again ejected. The wound was immediately secured by three sutures and adhesive plaster, and a drachm of laudanum given, which was repeated at the end of three hours, when he was removed to bed, his shoulders raised and the thighs slightly flexed. His pulse was about seventy, rather weak. The catheter was required at night to empty the bladder.

Wednesday, 28th.—Has passed a good night, having slept several hours. Pulse this morning seventy-eight; tongue coated; the catheter was used in the morning and evening. About 1 p.m. there was great pain at the wound; pulse 100, with flushed face and pain in the head. About ten ounces of blood were taken from the arm; and six powders, containing two grains of calomel and five grains of Dover's powder, were left, with directions to give him one every three hours; fomentation with hot water was freely used, and tea and toast with crackers were given him.

Thursday, 1st March.—He had a good night. Pulse eighty; the catheter was used in the morning, but it was not required at night. Little or no tenderness in the wound or abdomen. Ten grains of Dover's powder to be given at night.

Friday, 2nd.—Progressing favorably; he passes his water freely; no pain in abdomen; pulse seventy-eight.

Saturday, 3rd.—Still improving. As the bowels have not been moved since the accident, oatmeal gruel and cooked apples were ordered freely.

Sunday, 4th.—Going on favorably.

Monday, 5th.—Bowels opened to-day by enema; an ounce of castor-oil was ordered; complains of no pain; sleeps and eats well. From this time convalescence was rapid, so that he was able to be up and moving about on the thirteenth day from the date of the accident, after which he was ordered to use a bandage.

MEDICAL MUTUAL IMPROVEMENT SOCIETY.

ABSTRACT OF MINUTES.

St. Catharines, Tuesday evening, Jan. 24, 1871.

DR. MACK IN THE CHAIR.

Dr. Comfort related a case of hypertrophy of the left cheek occurring in a blacksmith, who, in working at the forge, kept that side of his face constantly exposed to the heat. The cheek bulged out to the size of an orange, which appeared to be caused by hypertrophy of the buccinator and masseter muscles, or an increase of interstitial deposit between the fibres of those muscles.

The affection speedily yielded to the inunction over the seat of enlargement of compound iodine ointment

Dr. SULLIVAN mentioned a case of poisoning by arsenious acid, with recovery after the ingestion of a remarkably large dose of the poison—at least one tablespoonful. Free vomiting set in immediately after the poison had been taken, to which circumstance mainly he is inclined to ascribe his patient's escape.

The remedies employed were magnesia, and when that had been sufficiently exhibited, morphia. The magnesia acts as an antidote to arsenious acid in a state of solution, by forming a sparingly soluble arsenite of magnesia.

In this case it must have proved beneficial by the envelopment of the crystals, so as to shield the mucous membrane from their corrosive action.

It is argued that the antidotal action of hydrated peroxide of iron depends upon the same effect, when the acid is in the solid state.

The Dr. spoke very highly of the good effect of morphia in the subsequent treatment.

In the discussion which ensued, it was mentioned that the peroxide can always be made in a few moments, by adding carbonate of soda to any salt of the red oxide of iron—perchloride, acetate, or persulphate.

As the fatal dose is as low as two or three grains, it was suggested that the arsenious acid was probably mixed with some inert substance; but Dr. S. believed it to have been pure.

A formula, useful to the country practitioner for obtaining the hydrated peroxide, is simply to mix one ounce of liq. potass. with half an ounce of muriated tincture of iron.

Dr. Maclagan gives preference to the precipitate formed by ammonia.

The gelatinous magnesia should always be prepared *pro re nata*, and can be formed by washing the precipitate cautiously obtained by adding a solution of caustic potash to a cold saturated solution of sulphate of magnesia.

Among other antidotes mentioned, were Mr. Odling's emulsion of hydrate and acetate of alumina, mixed with permanganate of potash, in the proportion of ten grains to two fluid ounces, and administered by the stomach pump.

Dr. GOODMAN reported an instance of lead poisoning occurring in a whole family, from using water collected in a cistern lined with lead. Before being called in, one member of the family had succumbed, and he found the survivors in a very critical condition. Having arrested the supply of water from the suspected source, recovery soon followed the use of the sulphuric acid lemonade and the iodide of potassium.

The Dr. wished to draw attention to the absence of the blue line along the gums in those cases, and to the presence of a symptom he had not found laid down in the authorities upon the subject of lead poisoning, viz., a remarkable dark streak in the centre of the tongue.

The Chairman stated that in the case of a whole family suffering from lead poisoning, the result of eating apple-sauce which had been preserved in glazed earthenware pottery, a similar dark broad line, resembling that produced by the imperfect assimilation of salts of iron, was to be noticed.

Dr. T. MACK then read a short paper which he had prepared, upon the therapeutic uses of sulpho-carbolate of zinc, with some remarks upon the sulpho-carbolates generally.

Premising that in no step taken for the advancement of the *ars medendi* of late years had more practical benefit been effected than in the prevention and the ectrotic treatment of disease, he went on to say that therapeutists had thus been led to the search among the numerous substances known as antiseptics for antidotes to zymotic affections, and remedies whose action was believed to take place as germicides or parasiticides.

In this way the profession has been busy with carbolic and sulphurous acids and their compounds. We had already experimented largely upon the chemical antiseptics which acted principally as they effected the liberation or assimilation of oxygen. At present our attention was claimed for agents which, known to destroy low forms of animal and vegetable life out of the body, it was hoped would act in a similar manner upon germs and abnormal cells within the body.

Dr. Wilkes, of Kent, in England, claims great success in the treatment of typhoid fever by small doses of sulphurous acid, gradually increased until the taste of the acid was constantly present to the palate.

Dr. M. has observed good effects from the bisulphites in cases of purulent infection.

The effects of carbolic acid upon pus cells have been fully discussed. He had used carbolate of quinia for the last two years in a variety of cases of dyscrasia and toxæmia requiring a tonic, and found it a good compound.

Last spring he obtained from London, England, a supply of the sulpho-carbolates, and had prescribed them with excellent results since. Thus combined, carbolic acid can be given internally with impunity ; one grain of the acid being contained in about twenty grains of the double salt, which is decomposed in the course of its absorption and elimination, and evolves the disinfectant acid.

He considered the sulpho-carbolate of zinc, five grains to the ounce of tepid water, to be the best vaginal injection he had ever used in simple vaginitis, after the acute stage had passed by.

In more obstinate cases, tampons of glycerole of sulpho-carbolate of zinc, ten grains to each tampon, had proved excellent adjuvants, and had cured obstinate chronic cases, especially correcting fœtor.

As an extra uterine application, either carefully injected in any of the late methods, among which he gave the preference to Dr. Peasless' plan, or with a mop, he had used it in endo-uterine affections.

In the septicæmia, consequent upon and either before or after the removal of any decomposing substance retained in utero, it had been tried satisfactorily.

The sulpho-carbolate of zinc is spoken highly of as a lotion and dressing to wounds and suppurating surfaces, and in all cases he would recommend its addition in solution as an uterine douche or enema to caustic or other treatment, of erosions and ulcerations of the os and cervix uteri. Any intelligent apothecary or physician can with a little trouble make it, as Dr. M. was preparing it for his own use, of sufficient purity, after the following manner : First, according to Dr. F. Hoffman, mix one part of sulphuric acid (sp. gr. 1.843) with two parts of fused crystallized carbolic acid ; digest for two days in a water-bath at 150° to 180°, until, upon adding a few drops to water, a clear solution is obtained. The sulpho-phenic acid ($C_6 H_6 So_4$) may next be neutralized by oxide of zinc, the solution filtered and crystallized slowly without heat; the only impurity will be the sulphate of zinc, which for use as a topical application, will not prove very prejudicial.

ST. CATHARINES, Jan. 31.

Dr. COMFORT had used hot-air baths, given by simply placing heated bricks under and enveloping the patient with blankets as in the extempore vapor bath, in an obstinate case of chronic dysentery. The man had contracted the disease after suffering from some form of prolonged paludal fever in the far west three or four years ago; he had finally been relieved at that time, after trying a variety of remedies. Upon the present recurrence of the disease, Dr. Comfort had tried ineffectually raw meat properly prepared, and various astringent preparations.

He then prescribed acetate of lead, opium and ipecac., and a hot-air bath every morning. A marked improvement followed this change of treatment. The patient was now using the baths alone, and at a future meeting he hoped to be able to report a cure.

Dr. GOODMAN spoke of the good effects he had observed from vapor baths, in diarrhœa attended by a dry hard skin.

Dr. SULLIVAN had observed in *post mortem* cases of dysenteric diarrhœa, occurring after endemic fevers in the United States (in the west and south-west), enlargement of the mesenteric glands, congestion or degeneration of the liver, and very frequently tubercles in the lungs.

After a discussion upon turning in presentation of the shoulder, Dr. Mack said that he had a few remarks to offer upon amputation at the hip-joint. With the use of chloroform, the only immediate danger in operating is from hæmorrhage; the operation on this account was recommended to be performed with the greatest celerity.

Mr. Mayo, we learn, operated in thirty seconds, by first passing the knife completely through the limb upon the inner side of the joint and cutting forwards and inwards, so as to make a flap from the adductor muscles; then he cut into the joint and severed the ligamentum teres and muscles attached to the digital fossa, with a short strong knife, and completed the operation by entering his knife over the trochanter and cutting downwards and outwards.

The circulation is controlled by compressing the common femoral at Poupart's ligament, until the assistant, by following the knife with his hand, can grasp the divided vessel and hold it firmly with the everted flap.

By compressing the abdominal aorta, all risk of hæmorrhage is escaped, and the necessity for extreme haste no longer exists. Dr. Gross states that, in a case operated upon by him, when pressure by the thumbs was made upon the abdominal aorta and femoral artery, the loss of blood did not exceed one ounce and a-half. In Dr. Pancoast's case, the aorta was compressed by means of a tourniquet encircling the body at the umbilicus, the patient lost hardly any blood; this simplification of the method of Sarry, Delpech, Mott and others, who recommended ligature of the femoral artery as a preliminary step, must be considered a decided improvement.

No less than fifteen different methods of performing this formidable operation have been described.

"I should by all means prefer the procedure by antero-posterior flaps, the disarticulation being effected after the formation of the anterior flap.

"As it befel me to operate in a perfectly novel manner nearly two years ago, and as the result proved successful, I shall submit to you a succinct history of the case:

"John Conner, aged 7 years, eminently scrofulous, was admitted into the General and Marine Hospital on the 22nd of December, 1868, suffering under morbus coxarius in the third stage; sinuses were already discharging, and a few days after his admission an incision gave exit to a large collection of thin curdy unhealthy pus. Under cod liver oil and appropriate constitutional treatment, he improved so much that I determined to give him a chance for his life by excision of the upper end of the femur; the operation appeared to be indicated also from the symptoms of improvement having gradually ceased, and a fatal termination alone promising to close his sufferings. On the 10th of July, 1869, having placed him fully under the influence of chloroform, I proceeded to the resection by making a semilunar incision, convexity downwards and extending farther down than directed in the books. The flap being dissected upwards the articulation was quickly reached, the capsular ligament already opened freely was cut, when at the moment of gently adducting the thigh and everting the head of the bone the femur was broken obliquely across at its lower third. Dr. F. L. Mack who rendered this part of the necessary aid, had not used any force sufficient to explain this untoward accident; so I at once inferred that there must have been disease and softening of structure in the lower end of the bone, and I instantly proceeded to amputation. Dr. Riley most efficiently controlled the circulation, while I quickly entered a large knife on the inner side of the disarticulated joint and cut out a sufficient internal flap. Drs. Goodman and Sullivan promptly secured the femoral, ischiatic and obturator arteries by ligature; any other spouting vessels were controlled by torsion.

"The boy was now allowed to awaken from anæsthesia; stimulants were administered; the surfaces having been kept exposed long enough to the air to become glazed and to render it improbable that clots might form after coaptation, he was again anæsthetized, the edges of the wound were united by silver sutures; he was placed in bed and weak carbolic dressing was applied. Under the care of my brother and Dr. Goodman he made an excellent recovery, and in three months he was able with a crutch to go to school and to walk nearly a mile. Before closing the wound, it was ascertained that the cotyloid cavity had been completely ulcerated away; and although he has survived the operation now nineteen months, it is scarcely to be expected that the scrofulous disease will not eventually claim its victim.

"Upon examination, the head of the femur was found almost entirely removed by caries, the lower end and shaft of the bone were affected with softening of tissue and excessive brittleness. The medullary canal was filled with a thin creamy puruloid fluid, and the cancelli were destroyed, so that a mere external shell of bone alone constituted the shaft of the femur, the specimen as you perceive breaking with the least pressure or force.

"The practical suggestions which I wish to make are: 1st. That in many cases when it may be uncertain to elect between resection and amputation at the hip, it is advisable to raise a remarkable. The questions that naturally arise are: 1st. What is the cause of this ulcerated condition of the placenta? 2nd. Does this cause the excessive secretion of fluid? and 3rd. How is the amnion affected? I have little doubt in my own mind that the cause of abortions in general is this diseased and ulcerated condition of the placenta. I could mention many cases in proof of this, and I think I may safely state that in nearly all cases of abortion there is an excess of liquor amnii, and the amnion is much discolored, thickened in general or covered with small turgid masses or patches that are quite apparent to the naked eye. In cases of women who are almost unable to carry the fœtus to maturity, there is generally a weakness of a hereditary nature, often accompanied with strumous indications; or we find that there is a hyperæmic condition of the system, that requires to be carefully guarded against during gestation. In both cases I have known the placenta to be ulcerated. The placenta is the mainspring of all the mischief; the vessels distributed to the fœtus become diseased; the amnion next suffers, and its secreting surface is exasperated or chronically inflamed, and the liquid is cast off in an enormous excess. The fœtus dies, and at the proper time nature casts it forth.

The precise cause of ulcers in the substance of the placenta is not very easy of explanation. I would like to advance some ideas on this subject, but I am afraid of encroaching too much on the space of this number. In some future number I hope to renew the subject and mention other cases to the point. In the meantime, Mr. Editor, may I through your pages ask the assistance of other gentlemen in the profession, to inform us of similar cases and to give their ideas on the subject, as it is one of much importance. I have read several excellent treatises on the point, but still there is a great want of proper information. In closing at present, I sincerely hope that some of our brethren may step forward to assist in the elucidation of this intricate matter, and give us the benefit of their opinion upon it.

ON THE USE OF IPECAC. IN EPIDEMIC DYSENTERY.

BY HENRY M. JONES, M.D., MARMORA, ONT.

In 1868, during the months of July, August and September, a disease appeared, which, from the symptoms I observed, has induced me to call it by the above name. It was also called Canadian cholera and ship fever; characterized in nearly all the cases that came under my notice by purging, more or less vomiting, paroxysms of fever, quick pulse, furred tongue, tenderness of abdomen upon pressure, and ulceration of the lower part of rectum, accompanied—when the fever made its appearance—by excruciating pain in that part of the bowel, which caused the patient to scream ont in agony. At the time of its appearance here, it was spreading with fatal rapidity in the villages of Trenton and Stirling and along the Ridge Road in the townships of Rawdon and Huntingdon, and in these places a great many died. Six deaths occurred in this township. The disease was very baffling; old practitioners did not seem more successful than the younger ones. At the close of the epidemic, a remedy was brought into use with favorable results. This was ipecac. Hitherto all the most powerful astringents seemed to have no effect in stopping the discharge—opium being used almost to narcotism. I once thought of trying this remedy, but the vomiting in some cases being so bad, I hesitated about doing so, and did not use it till 1869, when I had a good chance of trying it in five or six cases of the same disease, with good success. At the outset, I gave to an adult thirty grains of ipecac. and ten minims of laudanum; after that, from three to four grains every three hours. Mild astringent injections were used for the purpose of allaying the irritation of the rectum; opium internally to relieve pain; supporting the strength, when necessary, with beef tea, wine and stimulant tonics. I thought more highly of this remedy than of any of the astringents I had used, for these reasons: that it did not check the discharge all at once, but controlled it; and when it had obtained its full effect it set up a healthy reaction of the bowels, which did away with the necessity of using laxative medicines. The bowels appeared, from the discharge, to be covered over by an increased mucous secretion, which prevented astringents from operating favorably; whereas, by giving ipecac., the peristaltic action of the bowels was increased, and by this means they were relieved of this irritating secretion. Ipecac., by helping to reduce the circulation and acting as an expectorant and diaphoretic, would have a tendency to check any morbid influence that might be secretly at work. Lastly, that opium and other astringents tend to check some of the important secretions of the body. Ipecac., on the other hand, by its diaphoretic and expectorant properties, seems to increase rather than decrease them. I also noticed that the vomiting was not increased, but, on the contrary, it seemed to allay this distressing symptom. As I had good opportunities of watching my patients during the administration of ipecac., I formed an idea that though they were in a dangerous state, as soon as there was a feeling of nausea developed, the prognosis would be favorable. How far I am right I cannot at present determine, for I had only six dangerous cases under my care, and all recovered. If there should be any epidemic this summer, I shall most certainly try, by careful watching, to ascertain whether I am right or wrong. If any of my older brethren can give any more information on this subject, I shall be very glad to hear from them.

CORRESPONDENCE.

(To the Editor of the Canada Lancet.)

SIR,—I saw in your issue of last month a well deserved stricture on the conduct of Dr. H. Strange, Registrar of the Council, by Dr. Saunders, of Kingston.

The Medical Registrar is undoubtedly the wrong man in the wrong place, for he has shown himself extremely careless and most shamefully remiss in the performance of the functions of his office. I had much difficulty in getting my license from him, after having kept it in his possession for some months, and I know of several others who were similarly treated. It caused me extreme annoyance, at a very particular time; and when my registration certificate did come to hand, neither apology nor explanation accompanied it. He appears to regard such flagrant remissness with the utmost complacency, and shows a "brilliant" contempt for the medical men of Ontario. I hope he will soon be removed from a position he seems totally unqualified to fill, as he is regarded by many members of the profession as a public nuisance.

Please give this a place in the next issue of the *Lancet*, as it may help to call the attention of the proper authorities in such a way as to compel him to resign, as he should do, or be forcibly removed.

Yours truly,

JOHN H. GARNER, M.D.

Lucknow, Feb. 9, 1871.

(To the Editor of the Canada Lancet.)

Mr. Editor,—I have had a diploma in the Registry office for nearly ten months, for which I have written time and again without effect; and as I am now about to enter an action in order to recover it, who will be the defendant in the case,—Dr. Strange, or the Medical Council? I request the favor of an answer in the "Lancet."

Yours truly,
H. Bigham.

Fenelon Falls, Feb. 21, 1871.

[The Medical Council would most undoubtedly be the defendant to such an action. The Registrar is the paid officer of the Council, and as such is responsible to that body; while the latter are responsible to the public for the proper performance of his duties as their paid servant.]—Ed.

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of every Month.

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TORONTO, MARCH 1, 1871.

AMALGAMATION OF MEDICAL COLLEGES.

We notice in the January (11th) number of the "Medical Press and Circular," an article on the proposed amalgamation of the London medical schools. The proposal to amalgamate some of the London schools has been under discussion for some time past. University College and the Middlesex and St. Mary's Hospitals have such a move in contemplation, and will, if carried out, form a very efficient school, with a large staff of teachers, and cannot fail to prove highly advantageous to medical students. Under this arrangement, the student will have access to all the lectures he may choose to attend, upon payment of one fee, and the clinical advantages of all the three hospitals will be gained in addition. There will of course be no advantage in this to the junior student, who will best consult his own interest by close work in the dissecting room of one of these institutions, and by mastering the elementary part of his work first; but for the advanced student it cannot fail to prove highly advantageous, by giving him more enlarged views, and a more complete knowledge of the profession, than if he had confined his studies to any one institution. A regular training in clinical work is most assuredly of the utmost importance to the senior student, and this arrangement will present such advantages in this respect as are seldom afforded.

Some of our most successful medical men are those who have spent more than the usual time in clinical study, at the various hospitals in the large cities of both the old and new world; and although a little more time and money were expended in acquiring their professional education, it has been more than counterbalanced by the advantages they have derived from so intimate an acquaintance with disease in all its forms, and the most approved plans of treatment. We are sure that no one regrets the extra time spent in this way, and we look upon the move in the direction above indicated, as tending to the same object, and that at much less expense and inconvenience to the student.

In carrying out this scheme, some of the teachers will be obliged to give way, as the union of the three Faculties, in their entirety, would be too cumbersome, and we have no doubt some difficulty will be experienced on this point; but the fact that nearly all of them are advocates of this scheme shows that they possess that amount of self-denial which characterizes all our best men. It is quite possible that in this, as in a great many other instances, the best men may not be selected for the various Chairs in the amalgamated School; but no private interests or undue influence should be allowed to prevent the appointment of the best and most suitable men, and if this is satisfactorily carried out, we can see no reason why the change will not prove of immense advantage to all concerned. We wish them all success.

We also look forward to the time, not far distant, when such an amalgamation will become a matter of expediency among ourselves. The interests of medical education are not best promoted by a large number of medical schools; but by the marked efficiency of those which have the confidence of the public. Small schools are very discouraging to the teachers, and anything but attractive to the students, and hence it is that a number of our students prefer to go to New York, Philadelphia and elsewhere every year, who might be induced to remain at home.

We are fully aware that the discussion of this subject at the present time is premature; but we have no hesitation in saying that in due time this matter will be forced upon the attention of the College authorities, and the expediency of lessening instead of increasing the number of teaching bodies, both in arts and medicine, and increasing the efficiency of those remaining, will be most strongly insisted upon.

THE SOCIAL EVIL.

Our friends over the way have been greatly exercised of late in reference to the best means of suppressing this vice. In St. Louis, the French scheme, with some slight modifications, has been in force for some time, and it is proposed to introduce it into all the large cities of the Republic.

It is argued by those who are advocates of the French system, that, since it is impossible to suppress prostitution by police regulations, it is better to license it and put it under sanitary control, in the hope of limiting the spread of venereal diseases. On the other hand it is urged that the licensing system is contrary to the spirit of the age and the genius of a free people, and because prostitution cannot be suppressed by police measures, is no reason that it should be licensed any more than that gambling, larceny or murder should be licensed.

Many attempts have been made, both in ancient and modern times, to suppress prostitution by the power of the law; but they have almost invariably failed, and ended either in a tacit or expressed toleration of the vice. This is no doubt owing to the fact, that the officers of the law are thwarted in their efforts by the secrecy of the crime, the collusion of the guilty parties, and the want of that moral sentiment of educated and enlightened public opinion that ought to prevail. It has also had the effect, when pressed to the utmost rigor of the law, of breaking up the dens of infamy and forcing the strumpets into service, and thus they have found their way into the houses of many respectable families, where their lewdness and evil influence have been exerted on the minds of hitherto innocent youths of both sexes.

The adoption of the license system has also been most unsuccessful in lessening the prevalence of this vice and the diseases resulting from it. According to this system or regulation, all prostitutes are tolerated who register their names as such with the police. They must live in parts of the city assigned them by the police, and subject themselves to medical inspection once or twice a-week; and when found diseased, they are sent to a prison hospital until cured. Now this seems, on the face of it, a most effectual way of lessening the spread of venereal disease; but in practice it is found a very different thing. Every medical man knows that a prostitute who has been with a syphilitic man, though quite healthy herself, remains for several days as dangerous as though she was herself the subject of that disease; so that no amount of vigilance on the part of the physician can prevent the spread of the disease. Besides, only a very small proportion of the prostitutes can be forced to register. In Paris, out of about 30,000 prostitutes, only about 3,000 are registered, or 1 in 10; so that in defiance of authority and the vigilance of the police, nine-tenths of these women refuse to register, and carry on their avocation clandestinely. The reason of this is, in the first place, that men who frequent such places, for obvious reasons, show a preference for clandestine women; and the women themselves revolt at the idea of being publicly registered as prostitutes, without any hope of reform or return to respectability. Most women, too, abhor the medical examination of their persons; and the more so, as in case they are found diseased, they are imprisoned in a hospital until cured, a period sometimes of many months; and therefore it is not to be wondered at that the license system has been a failure, both in the effort to prevent the spread of disease, and bringing under control the worst class of prostitutes.

The best plan for the reform of this class is undoubtedly the common sense one—that of a tacit toleration in the meantime, the exercise of constant vigilance on the part of the police to prevent further increase in the number of houses, the breaking up of the more disorderly, and the imposition of frequent and heavy fines. The fines should go to the support of a special hospital or department of a general hospital for the cure of venereal diseases, where those infected—both male and female—could go for relief.

In addition to this, most strenuous efforts should be made, by Christian men and women, towards the reform of this class. Houses of refuge should be liberally supported, and made as attractive and useful as the circumstances will admit.

In this way police power, religion and philanthropy would all work harmoniously in the maintenance of order, the abatement of disease in its most hideous forms, and the amelioration and improvement of mankind.

TO SUBSCRIBERS.

We regret very much that we have been unable to supply all our subscribers during the past month. We received between 300 and 400 new subscribers during the month of January, and a large proportion of these have not been supplied with copies of the February number, as we issued only 1,000 copies for that month. We have, however, issued 1,200 copies for the month of March, so that those new subscribers, who have not received the February number, may consider their subscriptions to commence on the 1st of March, instead of the 1st of January. Our subscription list has been steadily and rapidly increasing since we assumed the management last September, and we feel very grateful to our friends and the profession generally, for their liberal encouragement and support in our enterprise.

The following will give some idea of the rapid increase of the circulation of this journal, and we mention it in no boastful spirit, but as evidence that a well conducted journal *can* and *will* be supported by the medical profession:

Number of copies required for	September	400*
" " " "	October	500
" " " "	November	550
" " " "	December	650
" " " "	January	700
" " " "	February	1000
" " " "	March	1200

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* This was the number required for the *Dominion Medical Journal.*

We have also been most abundantly supplied during the past month with original matter for our pages, some of which has been held over for the next month. This, we take it, is unmistakeable evidence of the interest which has been awakened, by the contribution of new and original matter by different parties, within the past few months, and augurs well for the future success of the journal in this respect.

We must also return our thanks to those subscribers who have so promptly remitted the amount of subscription due; and we would take the liberty of saying that we have a supply of thanks on hand, for those who have not yet done so, but who, we have no doubt, will remit at their earliest convenience.

We regret to announce the death of Prof. George T. Elliott, M.D., of New York. He was born in the city of New York, May 11th, 1827. He graduated at Columbia College in 1845, and immediately began the study of medicine under Dr. Valentine Mott, and graduated in the spring of 1849. Since 1861 he has been Professor of obstetrics and diseases of women and children in Bellevue Hospital Medical College, in conjunction with Profs. Taylor and Barker. His death was caused by apoplexy.

TORONTO EYE AND EAR INFIRMARY.

We have much pleasure in directing attention to this valuable charity, the third annual report of which (for 1870) is now before us.

This institution was opened originally as a Dispensary (at No. 12 Shuter-st.), in May, 1867, the necessary funds being contributed by the citizens of Toronto. It was continued as a dispensary for more than two years, patients from a distance, during that period, being operated upon at their boarding houses. Early in 1870, the local Legislature appropriated the sum of $1,000 as an annual grant, more especially for the purpose of maintaining emigrants and lumbermen while under treatment. In March, 1870, the institution was moved to larger premises, at 21 Adelaide-st. west, consisting of a brick building, three and a-half storeys high, with accommodation for about 16 *intern* patients, and with a dispensary department for *extern* patients.

From the last report, we learn that the number of patients admitted during the three years, ending May, 1870, was 411. Of these, 36 were ear-patients, and 375 eye-patients. According to the report, the large number of 348 were either cured or relieved, 18 left while under treatment, 7 were incurable, 4 were unimproved, in 2 cases the result was not known, and 32 were still under treatment at the end of the year.

There are recorded, 20 cases of phlyctenular conjunctivitis, 70 cases of phlyctenular keratitis, and 25 cases of ulceration of the cornea,—diseases resulting directly from impaired nutrition, and many of them dependent upon a scrofulous habit. This class of cases seems to form over 25 per cent. of eye diseases treated at this institution.

The operations for the first year, it seems, were not recorded; but, for the last two years, there are recorded 108 surgical operations, 39 of which were for iridectomy, and 20 for cataract. We notice that in all the cases of senile cataract (8 in number), the operation was by extraction, and we learn that the "flap" operation is preferred by the surgeons of this institution, to the "modified linear," as practised by the late Prof. Von Graefé and other German oculists.

The experience of the Toronto Eye and Ear Infirmary, during the past three years, has fully confirmed an opinion to which practical expression was long ago given in Great Britain and the United States, viz., that diseases of the eye and ear are more likely to be successfully treated at institutions especially designed for and adapted to their treatment, than at General hospitals.

The institution is under the management of a board of twelve directors, who are chosen annually at a meeting of the subscribers. The officers are a surgeon, an assistant-surgeon, a consulting surgeon, a steward and a matron. The charge for board for *intern* patients is $3 a-week, which must be paid in advance either by the friends of the patients or the municipality sending them. There is no preliminary form of application necessary. Private patients are not admitted. The institution is for the poor only.

Further information may be obtained from the President, A. T. McCord, Esq., City Chamberlain, Toronto, or W. T. Mason, Esq., Secretary.

Medical officers.
Dr. Rosebrugh, Surgeon.
Dr. Reeves, Assistant-Surgeon.
Dr. Canniff, Consulting Surgeon.

We are informed, on good authority, that the medical department of Trinity College, Toronto, is to be revived and re-opened for active duty on the 1st of October of the current year. We have not as yet been fully informed as to the *personnel* of the staff; but it is positively stated that the old medical faculty of Trinity College will form the *nucleus* of the faculty in this department. The tests have been set aside. Examiners have been appointed for the examination of candidates for the degree in medicine of this university in the ensuing spring. We defer any further remarks on this subject until some future number

George Wilkins, Esq., M.D., of Toronto, has lately passed a successful examination before the Court of Examiners of the Royal College of Surgeons, England, and was admitted a member of the college. Considerable time has elapsed since Dr. Wilkins obtained his degree in Canada, during which he has been acting in the capacity of surgeon on board steamers plying between Europe and America.

Mr. Sidney Jones, F.R.C.S., has lately been elected staff-surgeon at St. Thomas' Hospital, London, England. Mr. Jones was an old student of St. Thomas' Hospital Medical School, and has for a long time occupied the position of Senior Assistant-Surgeon and Lecturer on Ophthalmic Surgery, and on Descriptive and Surgical Anatomy at the Hospital. His friends will be glad to hear of his promotion to such an honorable and responsible position.

THE LATE DR. MAYO.

The death of Thomas Mayo, M.D., F.R.S., formerly President of the College of Physicians, and a distinguished writer on medical subjects, is announced as having occurred at Corsham, on the 18th of January. He was born in London in 1790, being a son of the late John Mayo, M.D., and from Westminster school preceeded to Oxford, where he became a Fellow of the Oriel College, and took the degree of M.D. in 1818. In the following year he became a Fellow of the Royal College of Physicians of London, and in 1856 he was elected President of that institution.

Dr. Mayo acted for many years as physician to the Marylebone Infirmary. His principal works are *Elements of the Pathology of the Mind*, 1838; *Clinical Facts and Reflections*, 1847; *Outlines of Medical Proof Revised*, 1850; and a treatise *On Medical Testimony and Evidence in Cases of Lunacy, with Essays on Soundness of Mind*, 1854.

Selected Articles.

SURGERY.

THE TREATMENT OF ULCERS AND OTHER GRANULATING SURFACES BY TRANSPLANTATION OF SKIN.

[This ingenious method for the healing of ulcers which have resisted other methods of treatment was the invention of M. Reverdin, and it was first tried in London at St. George's Hospital last May, by Mr. Pollock, since which time it has been widely adopted, and with unexceptionably favourable results when employed in suitable cases. The proceedure is exceedingly simple, and may be thus described:—Having waited until the wound or ulcer has assumed a healthy granulating appearance, a bit of the whole thickness of the skin, say the size of half a split pea, but without any of the subcutaneous cellular tissue, is pinched up from the inner side of the arm, and removed with a sharp scalpel or scissors, curved on the flat. If the granulations are perfectly healthy and florid, the little bit is then pressed flat, with its under surface upon the granulations, and kept firmly applied by a strip of isinglass plaster passed across the ulcer. This form of plaster is useful in permitting the surgeon to see through it and watch the fate of the graft. Should the granulations be old and feeble, it will be better to follow the plan of Mr. Dobson, of Bristol, who divides on his thumb-nail the small bit of skin into five, seven, or nine pieces, as the case may be. He then makes a superficial incision into the granulations, waits until the slight bleeding has ceased, and inserts the grafts on the point of a needle. Care must be taken not to make too deep an insertion, or the graft will be entirely enveloped, and will be longer in showing itself. The plaster may be left for five days or a week, by which time the graft will have become firmly attached to its new bed, and, perhaps, if very small, imbedded and hidden among the granulations. It will soon, however, become again apparent, and then, with a lens, the characteristic blue line of growing cicatricial tissue will be discerned surrounding it.]

As regards the behaviour of these minute portions of skin in their novel situation, Mr. Dobson, speaking generally, says: "At about the second day the cuticle begins to separate; by the fourth day only a faint pale spot marks the insertion, or there may be no evidence of it left at all; by the sixth day a faintly vascular spot of granulation appears. This becomes glazed and in a few days more the usual covering of cicatrix is formed. The patch is usually circular, and presents slight ridges, and continues to increase in size circularly until it reaches its maximum of growth. I have never seen a patch larger than a florin, and I have now seen large numbers of them. I should say that the average growth will not exceed the size of a sixpence.

The size of the piece of skin grafted seems to be somewhat a matter of fancy. Mr. Dobson, for example, seems to prefer to to divide a bit not larger than half a split pea into from five to twelve pieces, and dot these over the surface of the granulatious in such a manner and sufficiently close together as to speedily subdivide the original sore by their coalescence. At St. George's Hospital, Mr. Pollock uses minute portions, not exceeding millet seeds in size. Mr. Mason, of the Westminster Hospital prefers pieces of the size of a canary seed. At the Charing Cross Hospital, Mr. Bellamy employs very small grafts. At the University College Hospital, Mr. Heath uses small bits, the largest being the size of a split pea; while Mr. Lawson has treated most successfully at the Middlesex Hospital, two ulcers of the leg with grafts as large as sixpenny pieces.

As illustrations of the practice, we subjoin the following cases. The first eight are from the *Lancet*, and were under the care of Mr. Mason. The first case is that of a woman who for three years had an ulcer of the leg, measuring four inches by three. Three pieces of skin of the size of a canary seed were snipped from the front of the upper arm, and simply placed on the ulcer, and retained in position by a strip of transparent plaster, and over this water dressing and a bandage were applied. At the end of a month the ulcer had nearly healed, and each of these pieces having, in a month, attained the size of a fourpenny piece.

The second case was that of a man with a flabby-looking ulcer as large as the hand, situated in the groin. Four small pieces from the front of the upper arm were grafted. Three failed to grow, and the fourth, after one month, was only of the size of a pea.

The third case was a woman with an unhealthy ulcer of the leg, extending nearly all round the limb. Four pieces were grafted and they all failed to grow.

The fourth, a woman with an ulcer of the leg, of four years' standing and two by three inches in size. Two pieces of skin were grafted, and in three weeks measured each a quarter of an inch in diameter.

The fifth, a man of middle age, with an ulcèr of the leg, four by three inches in size, of nearly four years' standing, which was sloughing at the time of admission. Charcoal and linseed poultices were first applied, and the wound soon showed fairly healthy granulations, on which four pieces were grafted, and on the strips being removed four days later, they were all found to have adhered. When seen eleven days after the operation, they were spreading rapidly.

The sixth, a girl, aged twenty, with a flabby ulcer on the thigh, of eight months' standing. Two pieces were grafted with good result. In the seventh and eighth cases there were smaller ulcers, in which one piece only was grafted. They rapidly recovered.

In the second and third instances the failures arose from the trial being made upon unhealthy ulcers. A graft may, moreover, fail from want of delicacy or from carelessness in the manipulation; for it is just one of those procedures which, though simple and easy of execution, require care and attention to minute details.

A typical example of healing of a large indolent ulcer from a burn occurred in the practice of Mr. Dobson. A lad, fifteen years of age, had received a fearful gunpowder burn of the abdomen, which, after the greater portion of the resulting wound had cicatrized, left a granulating surface eight inches long by five wide, which had for nearly six months refused to heal. Altogether, there were seven pieces of skin removed from the inner side of the arm, which by subdivision yielded about forty grafts, by far the greater number of which lived in their new home. They were inserted pretty closely together and in twelve weeks cicatrization was complete. In the following case from the *Medical Times and Gazette*, a large graft was used :—

"A man. aged twenty-four years, had been suffering from ulcers on the legs for three years, the sores sometimes healing over, but they had never been so bad as at the date of admission (Middlesex Hospital). On September 22, upon one of these ulcers, which had now assumed the appearance of a healthy granulating sore, two and a half inches square, Mr. Lawson grafted a piece of skin nearly as large as a sixpence, taken from the arm. During the first week the fate of the bit seemed uncertain, but by the seventh day it was clearly living, and more vascular looking than before, and it thenceforward continued to spread rapidly. When we saw the man again on October 18, the ulcer had completely healed, but the transplanted skin was readily discernible as a slightly elevated island of natural integument in the midst of a surface of glazed cicatricial tissue.–*Medical Times.*

CASE OF ALLEGED MALPRACTICE.

BY JOHN J. REESE, M.D.,

Professor of Medical Jurisprudence and Toxicology in the University of Pennsylvania.

Cases in law, in which an action has been brought for alleged malpractice, have, within the past few years, become increasingly frequent, both in Philadelphia and New York. Unprincipled patients, who have been wisely and skillfully treated by experienced surgeons for diseases the cure of which must necessarily entail some deformity—such as certain fractures and luxations, caries of the spine, etc.—not unfrequently exhibit their appreciation of the attention and skill of their surgeon by dragging him into court in a suit for heavy damages for alleged malpractice in their case. That this is a most flagrant wrong to the practitioner, as well as the grossest outrage against justice and humanity, none will deny. But the glaring violation of right may not always be vindicated in the courts of justice, and a stupid and prejudiced jury *may not* always render a verdict in accordance with truth and equity. Hence it becomes a matter of the utmost importance to the profession to protect itself against all such flagitious attacks.

In nearly every case we may be certain that the plaintiff is prompted by the base desire of pecuniary gain, hoping to realize a handsome profit by his infamous scheme; and in too many instances, it is to be feared, he is instigated, by some wretched hanger-on of the law, or, it may be, even by some so-called doctor, who has been promised beforehand a goodly share in the expected plunder.

A case of this nature (Haire *vs.* Reese) which lately occurred in this city, and in which the writer was the defendant, has excited a good deal of interest in both the medical and legal professions, inasmuch as it involved certain questions of importance, both in a professional and scientific point of view. The very able charge of Judge Thayer exhibited all the main points with sufficient clearness; but it may not be amiss to give a synopsis of the case in order that it may prove of service to some brother hereafter who may be so unfortunate as to meet with an equally unscrupulous and vicious customer.

On the 2nd day of February, 1869, I was hastily summoned to the Colored House of Refuge, to attend a man who had, while painting the house, fallen from the second-story window upon the stone pavement beneath, about twenty-five feet distant. His fall had been somewhat broken by his lighting first upon the railings, and then being thrown off upon the ground. I found him bleeding profusely from a lacerated wound in the scalp, and groaning piteously from pain about the right hip, on which the force of the blow appeared to have been spent. My first duty was to arrest the hemorrhage from the head. On examination I found no fracture of the skull, and consciousness was perfect. On next proceeding to examine the condition of his hip and leg, so great was the agony expressed on the slightest movement of the limb, that I desisted from further attempts until I could have him removed to his own home, where I might etherize him, and so institute a careful and thorough examination. I accordingly had him placed in a covered spring waggon, upon a bed, and thus conveyed to his residence, some three miles distant. I preceded him to his house, in order to be prepared for his arrival, where I had a bed made ready for him in a lower room. After a complete anæsthesis, I proceeded to make a thorough exploration of his limb. To my surprise, I found neither fracture nor dislocation, although I examined him most carefully. On drawing the limb down, there was neither shortening nor lengthening discovered; neither inversion nor eversion of the foot; and on rotating the thigh, with one hand on the hip joint, there was not the slightest crepitation. In fact, there was an entire absence of all the symptoms of either fracture or luxation about the hip. The shaft of the femur was likewise uninjured. The case was simply one of excessive contusion about the great trochanter, in which the muscles and nerves suffered primarily; but which, as will be seen, subsequently resulted in some shortening of the limb. I had the patient carefully placed in bed, on his back, and kept at perfect rest. Anodyne lotions (lead water and laudanum) were at first kept constantly applied to the hip which continued extremely painful; and subsequently slightly stimulating and anodyne applications were made. Under this treatment the man began slowly to improve; his pain diminished though the swelling about the hip did not entirely disappear.

Three weeks after the accident, feeling anxious lest possibly I might have made an error in my diagnosis, and lest there might have been a fracture of the neck of the femur, I asked my friend, Dr. D. Hayes Agnew, Surgeon of the Pennsylvania Hospital, to see the patient with me, which he kindly consented to do. Together we again instituted a most critical and searching examination, by all the methods known in surgery. The man was laid upon his back, and his legs carefully measured, both by comparing them with one another, and also by the tape-line. Then rotation of the thigh was practiced, one hand being held over the joint, in order to discover any crepitation, as well as to notice the arc described in the movement of the trochanter. Next he was made to stand upon the sound limb and swing the affected one to and fro. From all these various means employed, Dr. Agnew arrived at the conclusion that there was certainly no sign of either fracture or dislocation, thus confirming my original diagnosis, that it was simply a case of contusion of the hip. I continued to visit him until May 10th, a period of just fourteen weeks, seeing him every day for the first week, and subsequently less frequently,—making him in all, twenty-one visits. About a week before I ceased my attendance, I permitted him to walk about on crutches, which he was able to do with considerable facility, although he could not put his foot to the ground without still feeling pain in the hip joint.

I heard nothing more of this man until the month of August following, when I was rather astonished at receiving a note from an attorney, apprising me that my quondam patient, who I was fondly imagining, was cherishing grateful recollections of my kind attentions, (for he has never paid me a farthing for my services) had commenced a suit against me for damages for causing him to have a shortened limb; alleging that this had resulted from my want of skill and attention to him! I soon satisfied this legal gentleman that there were no grounds for an action, when he at once abandoned the case. About a week afterwards I received another similar missive from a *second* attorney. This gentleman likewise threw up the case as soon as I convinced him of the absurdity of the allegation. But, what was most extraordinary, my friend, Dr. Agnew, who only saw the patient once in consultation, and who did nothing but—what my learned counsel tersely observed in his cross examination of the plaintiff "—measure his legs," was also sued at the same time by our aggrieved patient. We heard nothing further from our friend for about six months, when we received a notice from a *third* attorney that our cases would now certainly be pushed to a trial. In the mean time, however, still another member of the legal profession—the *fourth*—had been consulted, who, on hearing the circumstances of the case, wisely declined having anything to do with it.

Dr. Agnew's case was the first called up, in May last; but it was postponed. My own case, after having been also postponed at the plaintiff's request, was tried on the 17th and 18th of October last. I had never seen the man Haire since May, 1869, a period of more than seventeen months. He undoubtedly had, when I saw him in the court room, some shortening of the limb, and the testimony of several surgeons who had examined him about a year after his accident, was that shortening did exist at the time of their examination. But there was not one of the medical witnesses for the prosecution who would, or could say *that this shortening was the result of previous fracture of the thigh-bone*; they all unhesitatingly admitted that shortening might be very properly accounted for *by an interstitial absorption of the neck of the bone,* occurring as the result of the contusion of the hip.

This was the ground which I took in my defence. I denied that there had ever been a fracture; in which opinion I felt fortified, both by my own original examination of the joint, and still more by the subsequent very careful and exhaustive examination of Dr. Agnew. I contended that the shortening of the limb was the result of the interstitial absorption of the neck of the thigh-bone, caused by the violent contusion of the trochanter, inasmuch as it did not show itself *for several months after the injury.* I was fortunately enabled to sustain my position, not only by appealing to the experience of my own medical witnesses,—the most distinguished surgeons and professors of our city,—but also by numerous morbid specimens, which completely illustrated my case, and which were so clearly exhibited by the defence, as to be perfectly intelligible even to the jury. I was also happily enabled to appeal to some very striking cases of a similar injury (contusion), recorded by Mr. Gulliver in vol. xlvi. of the *Edinburgh Med. Jour.*, 1836, and also to the valuable lecture of Mr. Paget, in *Brit. Med. Jour.*, Feb. 19, 1870, both of which may be consulted with advantage as throwing much light on this often obscure point,—"the cause of shortening of the leg as the result of direct injury to the hip."

The able charge of the judge reviews the whole ground. The well-established point of law, that an action for malpractice can be sustained only by proving a want of ordinary skill and of attention on the part of the defendant, is prominently re-affirmed; and the proofs of the contrary in the present case are clearly set forth. The scientific portion of the defence is also sufficiently elucidated and dwelt upon. After a clear expression of his own convictions from the testimeny given, the judge sent the case to the jury, who, without leaving their box, returned a verdict for the defendant; the costs to be paid by the plaintiff.

I feel under the deepest obligations to all my professional brethren, who have so kindly sympathized with and sustained me in this vexatious case. To my friends Profs. Gross and Agnew, and Drs. Brinton, Levis and Packard,—all eminent surgeons connected with our largest hospitals,—and likewise to Drs. Duffie, Hurst and Schrottz, who, though called by the plaintiff, really rendered me most valuable aid in the cross-examination by their candid and lucid statements, I owe especial thanks.

I will only state, in conclusion, that I regarded it as a matter of principle, and as a duty which I owed to the profession, fearlessly to meet this lawsuit, which I might easily have avoided by listening to the base proposals of the plaintiff's counsel to pay black-mail. I felt that the honor of our common profession was on trial; and I cannot but congratulate my brethren, as well as myself, that the victory was won.—*Medical Times.*

MIDWIFERY.

A NEW NEEDLE FOR INTRODUCING THE SUTURES IN RUPTURE OF THE PERINÆUM.

BY ALEXANDER J. C. SKENE, M. D.,

Professor of diseases of women and Clinical Obstetrics in the Long Island College Hospital, Brooklyn, N. Y.

Rupture of the perinæum has claimed much of my attention from the fact that cases suffering from this accident are numerous—much more so than is generally supposed by the profession.

* * * * * * * * * * * *

With a view to overcoming the obstacles so frequently encountered in the operation, I have devised a needle, which has been found to answer well the purpose for which it was intended. It is about four inches long, and slightly curved towards the point. The eye, which is about three-eighths of an inch from the point, has a groove on each side, running longitudinally both ways, and of sufficient depth for the wire to lie in it when being introduced. There is a small notch cut from the circumference into the eye, large enough to admit a medium-sized silver wire Through this notch a loop of the wire is carried into the eye, and the ends are pressed into the grooves and carried back through a notch to the handle, which holds them so that the top cannot slip out of the eye.

The needle thus armed is entered on the left side at a proper distance from the edge of the fissure, and carried through, so as to emerge on the vaginal surface. The loop of the double wire is then lifted out of the needle's eye, through the notch with the tenaculum or finger-nail, and held while the needle is withdrawn. The needle is then introduced, unarmed, on the right side, at a point corresponding exactly to where the wire is located on the other side. The loop of wire projecting on the vaginal surface is then hooked up and carried into the eye of the needle through the notch. The needle is then withdrawn and the wire brought with it. In other words, the double wire is carried through the one side in the same way that the thread is put through the cloth by the sewing-machine needle, and it is brought out through the other side in the same way that the stitch is made with the crochet needle.

When all the sutures required are introduced, the ends are secured on the right side by passing a piece of gum-elastic catheter through the loops; or, what is better, a piece of hard rubber, oval in shape and notched on the edges at short intervals, into which the loops are carried. The sutures, thus secured at one end, are properly adjusted and tightened, and the loose ends on the left side are brought round another catheter or piece of rubber, and made fast by twisting.

It will be observed that I use *double wire*, believing that it is less liable to cut than the single wire. But the single wire, if preferred, may be used as easily with this needle.

The superficial sutures are introduced in the usual way; but in place of using wire or silk, I employ *horse-hair*, which I consider superior to either of the others, being more easily manipulated than wire, and not liable to cause irritation, even when left in for many days.

The facility with which I have been able to introduce the sutures with this needle in the heretofore rather troublesome operation of *rupture of the perinæum*, has induced me to make it public, believing that others who have met with the same inconvenience as myself, will find the instrument both useful and convenient.

Fears were entertained that the notch would catch in the tissues, and thereby obstruct the introduction of the needle, but practically, this has not given me any trouble.

Mr. Stohlmann, of the firm of Tiemann & Co.. where the instrument was made, suggests that this needle would answer admirably for the operation of cleft palate and similar operations; but as I have no experience in such operations, and do not expect to have any, I leave it to others to test its value, if, in their estimation, it possesses any in this branch of surgery.—*Medical Record.*

PLACENTA PRÆVIA.

Dr. Storer, at a meeting of the "Boston Society for Medical Improvement," reported the following case:

"I was called, a few weeks since, to a lady in the eighth month of her pregnancy with her eighth child. I had attended her in seven of her confinements; she had always done well. Now, without any premonition, while sitting with her family, she was alarmed by a profuse hæmorrhage from the vagina. She was immediately removed to her chamber, and I was sent for. Arriving at her house in a very short time, I found her in bed, literally blanched by the loss of blood, gasping for breath, and her pulse scarcely perceptible. Upon raising the bedclothes, the hæmorrhage was found to be extreme. Introducing my finger into the vagina, the os was felt to have scarcely commenced dilitation; the extremity only of the finger could be passed into it. I immediately sent for ergot, and felt I must act at once, if my patient was to be saved; the tampon seemed out of the question, as the little additional blood which would inevitably be lost previous to its being checked by this method might destroy her. Accordingly, while stimulants were being administered, I endeavored to dilate the os, and by considerable continued effort, was enabled to pass my finger into it, and to separate the placenta.

"Upon obtaining the ergot, half a drachm of the powder was exhibited in infusion. Almost immediately after the placenta was delivered, the bleeding lessened, and soon entirely ceased, and with its cessation my patient began to rally and my fears to diminish. In the course of half an hour ergotine pains commenced and continued quite active for some time, when, having ceased, and the os being now sufficiently dilated, the forceps were applied and the child readily delivered. No untoward symptom supervened after delivery, and the lady was as well, at the expiration of a fortnight, as she had been at the same period in previous confinements. I have not reported this case as a rare one, but to encourage any of my brethren who may find themselves similarly situated.—*Boston Med. and Surg. Journal.*

MEDICINE.

IMMEDIATE PRECAUTIONS AND AFTER-PRECAUTIONS IN CONTAGIOUS FEVERS.

The medical practitioner with whom every "five minutes" is of importance, requires a ready method for informing persons in fever houses how to avoid catching fevers and kindred complaints. Verbal communications have to be repeated, but printed directions given to the nurse could be easily referred to. In zymotic diseases, the following printed rules, kindly forwarded us by Mr. R. Hanslip Sers, medical officer of the Southwell Union District, Nottingham, will, with slight alterations, according to the case, do much towards preventing their fearful spread as simply and as speedily as possible.

IMMEDIATE PRECAUTIONS DURING CONTAGIOUS FEVERS.

1. Separation of the patient from the rest of the household. A sheet to be suspended in front of the bed-room door, previously dipped in solution of Condy's Fluid, (one ounce of Condy's Fluid to a gallon of water).
2. Perfect cleanliness.
   - *[*] "(*a*) All needless woollen or other draperies should be removed from the room in which the patient lies.
   - (*b*) All discharges from the patient should be received in vessels, in which chloride of lime or other disinfectant is constantly kept.
   - (*c*) All bed and body linen should be plunged into water, containing a disinfectant, immediately it is taken from the patient, and before it is taken from the room.
   - (*d*) Pocket handkerchiefs should not be used, but small pieces of rag, which should be burnt directly.
   - (*e*) Nurses and others whose hands come in contact with the patient, should wash them in water containing chloride of lime or other disinfectant, and afterwards in plain soap and water.
   - (*f*) All glasses, cups, &c., used by the patient, should be carefully cleansed before being used by others."
3. Free ventilation.
   Windows and doors alternately opened—the chimney not to be closed up.

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[*] From Dr. Budd's directions.

4. Prompt removal of excreta.
5. All articles of clothing to be exposed to the action of boiling water, then rinse in water containing a disinfectant (one ounce of Condy's Fluid to a gallon of water).
6. Place lumps of wood charcoal about the room. In out places, fresh earth, or ashes, chloride of lime, &c.; pay attention to the state of the drains—also to the water for household purposes. Avoid drinking water obtained from sources near drains or cess-pools.

AFTER-PRECAUTIONS.

1. The patient to have occasional warm baths at night, also moisten the skin as early as the fourth day with camphorated oil, and use Calvert's carbolic acid soap until the skin has completely cleared.
2. All articles of clothing to be disinfected.
3. Walls fresh papered and lime washed; furniture, floors, &c., to be disinfected; the mattress taken to pieces and well baked in an oven. The sick chamber may be thoroughly closed and sulphur burnt in it.

—*Med. Press and Circular.*

TORONTO HOSPITAL REPORTS.

SERVICE OF DR. AIKINS.

MALIGNANT TUMOR ON THE UPPER EYELID.

George ——, aged 9, Canadian, was admitted into the hospital for the removal of a large malignant tumor which appeared to grow from the upper eyelid. The growth (which was of seven weeks' duration) was about the size of a man's fist, excluding the eye from view, and resting on the side of the nose and cheek-bone. It had assumed a very malignant aspect; the integument was destroyed, and large, irregular and unhealthy fungous granulations covered the entire surface. It was disposed to bleed freely when interfered with, but was not painful. The eye was to all appearance perfectly healthy, and vision was not impaired. It was decided to remove the offensive mass as early as possible, and from its apparent situation, seemed a very favorable procedure. After remaining a few days in the hospital, the operation was performed before the class, by Dr. Aikins, assisted by Dr. Beaumont At the commencement, an effort was made to save the ciliary margin of the eyelid, so that there might be as little deformity as possible; but on dissecting down, it was found that the base of the tumor involved the structures at the posterior part of the eyeball, to such an extent, that complete extirpation of the eye became absolutely necessary to the entire removal of the malignant mass. The whole cavity of the orbit was therefore scooped out, and all suspicious-looking tissue completely removed. There was very little hæmorrhage. Recovery was very rapid, the boy being able to leave the hospital in about a fortnight after the operation. The tumor, when examined under the microscope, presented all the characteristic appearances of encephhaloid or medullary cancer. Its rapid growth, its great vascularity, freedom from pain, and its peculiarity of structure, all pointed in the same direction; and although the boy is relieved for the present, from a disagreeable and offensive mass, it is altogether likely that it will, sooner or, later, return in all its virulence, and ultimately secure its victim.

COMPOUND COMMINUTED FRACTURE OF THE ARM.

James H——, aged 39, Canadian, was admitted into the hospital February 2nd, in consequence of a severe compound comminuted fracture of the arm. He was employed as a cooper in Aldwell's brewery, and having occasion to go into the engine-room to adjust the shaft of the pump, he stood up on a barrel, and the head giving way, he fell over upon the fly-wheel, and while still clinging to the pump shaft with one hand, the other was caught and severely fractured and lacerated by the action of the fly-wheel. The ulna and radius were both broken about the junction of the lower with the upper two-thirds of the shaft, and the tissue of the posterior surface of the forearm severely bruised and lacerated. These bones, especially the ulna, were also very much comminuted in the region of the elbow-joint, and through a large opening in the tissues, the trochlear surface of the humerus could be distinctly felt on the introduction of the finger. The tissue was also separated from the bone a considerable distance down the shaft of the ulna.

Notwithstanding the severe nature of the injury, pulsation and sensation remained undisturbed. It was proposed to place the patient under the influence of chloroform, and proceed as in a case of re-section, by opening up the joint and removing any fragments of bone that were lying loose, and make an effort to save the limb if possible; or amputate, if the circumstances did not warrant an attempt at saving it. But to this the man most strenuously objected. The arm was therefore supported on a pillow and placed on an inclined plane, the anterior extremity being raised and the forearm forming an angle with the arm. Slight extension was kept up by a weight attached to the hand. The patient was put upon low diet. There was a good deal of swelling, which subsided to a considerable extent in a few days. The limb then commenced to suppurate, and poultices were freely applied. The diet was then improved by the addition of a pint of milk night and morning. The patient is now in a fair way of improving, and the case promises to result more favorably than was at first anticipated. In all probability some small pieces of bone will require removal, before the wound closes up. The utility of the joint will no doubt be very seriously impaired.

CASE OF FRACTURE OF THE NECK OF THE FEMUR.

Michael M——. aged 35, Irish, was admitted into the Hospital on January 18th. He was injured in Barrie about two months previous to admission by the falling of a case of goods which he was assisting in raising. The case fell on his right thigh. The doctors who were then called in, diagnosed dislocation of the hip joint, treated him accordingly, and pronounced it reduced; but he continued quite lame, and was only able to move about on crutches. He subsequently returned to the city, and presented himself for admission to the General Hospital, where he still remains. There is rigidity of the muscles about the hip, shortening of the limb, flexion of the knee and inversion of the foot. Distinct crepitus may be felt in the region of the neck of the femur, attended with more or less pain on rotating the limb. Although the majority of the symptoms point towards fracture of the neck, the case is rather an obscure one. He was placed in bed on a firm mattress, and extension applied by means of a pulley and weight of about 15lbs, with the view of straightening the limb, no splint or kindred appliance being deemed necessary,

The mode of extension by means of a pulley and weight in use in the Hospital is of exceedingly simple construction. An upright post, about four feet long, is fastened to the floor at the foot of the bed, and a mortice is made through it on a level with the bed; in this the pulley is fastened by a small bolt, for the reception of which several holes are made, so that the pulley may be raised or lowered to suit the requirements of the case. Adhesive straps are then applied to the sides of the leg, and attached beneath the sole of the foot to the cord which passes over the pulley. The adhesive straps are supported by the application of a roller over them, extending from the foot to the knee. The weight consists of small bags of sand, varying from 2 to 5 lbs each, and are made fast to the extremity of the cord which passes over the pulley. The weight may be increased or diminished by the addition or removal of one or more of the sand bags.

IMPACTED EXTRACAPSULAR FRACTURE OF THE NECK.

Thos. I——. aged 67, Irish, was admitted December 28th, 1870. Was injured by a fall on the hip on a slippery sidewalk. There was considerable flattening of the hip on the injured side, slight crepitation, but little or no shortening. The foot was more disposed to rotate inwards than outwards. A considerable amount of callus was thrown out on the posterior part of the trochanter major at its junction with the neck. This case was also treated by slight extension by means of the weight and pulley, no other appliance being found necessary. He was discharged cured about a week or a fortnight ago.

IMPACTED INTRACAPSULAR FRACTURE OF THE NECK.

George M——. aged 38, admitted January 29th, was also injured by falling on the sidewalk. In this case there was flattening of the hip on the injured side to a considerable extent, shortening of the limb to the extent of an inch, and eversion of the foot, but no crepitus. At first there was a good deal of swelling about the hip and upper part of the thigh; but this was reduced by the continued application of cold by means of a gutta percha tube wound around the thigh in successive circles, so as to cover the upper third of its extent. Iced water was made to pass through the tube on the principle of the syphon, the pail containing the iced water, in which the upper end of the tube was inserted, being placed on a chair at the side of the bed, the other, for the lower end of the tube, situated beneath the bed. The limb which was extended on a firm mattress, was supported by means of sand-bags—a long one on the outside and a shorter one on the inside—and extension was kept up by the pulley and weight of about 15 lbs. He is now (Feb. 25) going about on crutches, and will soon be able to leave the Hospital.

BOOK NOTICES.

Wasting Diseases of Children. By Eustace Smith, M.D., Lond.; Member of the Royal College of Physicians; Physician to His Majesty the King of the Belgians; Physician to the North West London Free Dispensary for Children, and to the Metropolitan Dispensary. Second American from the second revised and enlarged English edition. Philadelphia: H. C. Lea. Toronto: Adam Stevenson & Co.

This is a neat little volume of about 250 pages. The author has divided the subject into eleven chapters, in the first three or four of which he treats of the diseases arising from defective nutrition, such as atrophy, chronic diarrhœa, chronic vomiting, and rickets. In the fifth, he treats of inherited diseases, as syphilis, &c.; in the sixth and seventh, of mucous diseases and worms. Three or four chapters are also devoted to tubercular disease in all its phases; and finally he gives some most excellent directions as to the mode of diet for children in health and disease. Two new chapters (six and eleven) have been added to the first edition, besides the correction of some inaccuracies and the addition of valuable matter suggested by increased experience in the treatment of children's diseases. It is upon upon the whole a most interesting, practical and really useful book, and well worthy a place in every medical library.

The author says, in his introduction to the subject of atrophy arising from insufficient nourishment, "that many thousand "children die yearly in London alone, for the simple reason "that they are fed systematically and persistently upon food "which they cannot digest; and so long as the children of the "poor are allowed to leave their schools utterly uninformed as "to duties which, in after life, they will be called upon to fulfil, "so long this dreadful mortality may be expected to continue."

BOOKS AND PAMPHLETS RECEIVED.

Medical and Surgical Reports, City Hospital, Boston, Mass., published by Little, Brown & Co., 1870.

Gynæcological Journal, from July to January, bound in cloth, published by James Campbell, Tremont-st., Boston.

Diseases of the Spine and Nerves—a series of essays extracted from the "System of Medicine," edited by J. Russell Reynolds, M.D. Published by H. C. Lea, Philadelphia.

Transactions of the American Ophthalmological Society. Seventh annual meeting at Newport, July, 1870.

Proceedings of the First Meeting of the American Association for the Cure of Inebriates. Published by order of the Association, 1871.

Annual Report of the New York State Inebriate Asylum, Binghampton, for the year 1870.

NEW ABDOMINAL SUPPORTER.

We have much pleasure in directing attention to a new abdominal supporter, advertised in our columns this month. It is the invention of a lady of this city, and is said by those physicians who have used it to be superior to anything of the kind they have ever tried.

Abdominal supporters are now recommended by all leading gynæcologists, in the treatmemt of uterine displacements, and Pearson's appears to be one of the best and cheapest, and least likely to get out of order. It consists simply of a broad band encircling the hip, accurately fitted to the pelvis, with a pad of peculiar shape applied just above the pubes, in such a way as to support the weight of the bowels while other means are being resorted to, for the removal of the cause of displacement. Scanzoni speaks very favorably of a supporter very much like Pearson's.

Beauty.—The largest collection of beauty ever published in the United States is afforded in the Parlor Album, advertised in another page. The Album embraces the finest specimens of chromo lithographs, steel engravings and fine wood engravings ever offered the public. The American Publishing Company of Rutland, Vt., desire an active agent in every town and village, to whom they offer liberal terms. Read the advertisement of Parlor Album.

CORRESPONDENCE.

(To the Editor of the Canada Lancet.)

DEAR SIR,—The suddenness of the announcement of the coming elections in this morning's paper, leaves me but little time to express my views upon a subject in which, at the present time, we are especially interested as medical men.

Whatever may be our individual opinions as to various points of medical legislation, I think it will have been painfully evident to all, that the members of our profession have not received that consideration at the hands of public men, (or a certain class of public men), to which their position entitles them. Nor is this confined to any particular sphere of public life in our Province. It is apparent in the legislative halls, in courts of law, in municipal action in regard to sanitary matters, and in various other ways. The spirit of perfect indifference, if not of contempt, toward the profession, has been so long tolerated by us, that it manifests itself in every walk of life. Our differences of opinion are magnified into mountains, and paraded to our very faces as evidences of our childish weakness. If illustrations are wanted, over and above those which we see around us every day, I would ask what medical men were consulted, when the Homœopathic and Eclectic Boards were authorized to hatch *ad libitum*, and to send forth luminaries to practise "special" theories, who were perfectly innocent of all knowledge of general principles? Is it not a fact that we were considered so childish, and withal so "bigoted," that we could not see that the extra burden of a knowledge of medicine in general, might unfit these geniuses for the pursuit of exclusive theories; and hence we were not fit and proper persons to be consulted?

Again, it is said by the gentlemen who had charge of the present Act, that they at first endeavoured to pass it in the shape in which the old Council intended it should pass, but that Mr. Cameron said "that *he* would not allow it to pass unless it included the Homœopaths and Eclectics," and so our profession is launched *nolens volens* into novel and startling associations by the *dictum* of one outside individual. The fact of some of our own body having connived does not materially alter the case so far as the humiliation of being dictated to is concerned.

Furthermore, what followed in the ensuing session. When

Dr. Campbell, through Mr. McMurrich, pushed certain amendments into committee, the then President of the Council came down from Guelph purposely to give information to that committee. Yet a number of the members did not want to waste their time listening to the speeches of medical men, and it was only through the exertions of Dr. Baxter and McGill on the committee that Dr. Clarke was listened to at all. The concessions made on that occasion are exemplified in the fact that our students have now to be examined by the proprietor of the Victoria Wine Bitters, and three other eclectics and homœopaths, although this concession was nearly "sent back" by an effort in the Council, being only passed by a majority of one.

To these matters I have only alluded as containing illustrations of the humiliating position which we occupy, and which becomes so much more apparent if we compare ourselves with the legal profession. And now to come to the point: the elections are near, and it behoves those of us who have any professional spirit to stand together, and to act in concert with this aim in view: to pledge candidates to listen to the voice of medical men in medical matters. If our views are conflicting let them listen with some show of politeness to all, (instead of laughing contemptuously in our faces,) and then judge afterwards. But if our action is in concert, let them give it the attention which it should command. At the present time we seem to have a fair prospect of concerted action. At the last meeting of the Canada Medical Association, a bill was brought under consideration which met with the support of those present who assisted in the passage of the present Ontario Medical Act, and of those who strongly opposed it. Its main features are a College for the Dominion, embodying all who are now licensed here and in the other provinces, and all who shall hereafter pass the central examining board. The only essential difference, (and it is an important one), is that the members of the Council shall be elected by the members of the College in the various districts, without their being hedged off as homœopaths, eclectics and regulars, or "generals" as we are now obliged to call them. So that whilst existing rights are recognized, there is no provision for the perpetuation, at least through the influence of the Council and Examining Board, of any sects. The right of individual judgment and of adopting any theory, will be left open—in other words every medical man may practice according to any theory he pleases. Hence I think that the most conscientious of us will feel that we are not defrauding the present or future recipients of these advanced theories by such a measure; and I think we may succeed in convincing parliamentary candidates, possessed of even a homœopathic amount of common sense, that we are not injuring the public nor the future practitioner, by seeing that he understands medicine in general; and that we do not prevent him from passing onwards to institutions where he may learn the mysteries of *similia* and still more about *herbs.* Our success will be the more certain, if we show a firm determination to use our influence, as a body, for men who are willing to listen to what we have to say. We *have* the power, if we only *choose* to wield it.

I may state that the proposed Dominion Bill, when finally moulded, is to be presented to the Dominion Parliament at its next session, there to be passed, subject to the approval of the Local Legislatures of the several Provinces. Dr. Tupper is sanguine of its success, if medical men will only interest themselves in the matter. He is good authority as to the technical feasibility of the undertaking.

I may further add, that the Bill will be finally submitted at the next meeting of the Canada Medical Association. The membership of the Association is open to all regular practitioners; and if any are not suited in the framing of the Bill, it will be their own fault. Let members of the profession unanimously oppose the election of candidates who have despised us in the past. If the medical men of any constituency have strong counter feelings in non-medical politics, let each vote for his own candidate, on the condition that that candidate will listen to reason in medical matters. Having shown ourselves alive in the matter, let us then go, next September, to Quebec, and get a Bill to suit us all,—agreeing to waive minor differences,—to give and take. Then let us push it as a body. We *can* succeed, if we *will.*

Your going to press the day after the commencement of the coming elections, has obliged me to steal one of the small hours after midnight to write these few hasty remarks. Hoping however, that even in their drowsy style they may awaken your readers to energetic action,

I remain,
yours sincerely,
WM. OLDRIGHT.

WINES FOR MEDICAL USE.

It is a fact not generally known that in order to ensure a good wholesome wine, it is not necessary to pay an exorbitant price, and it is equally true that it is most difficult to obtain any wine without adulteration or admixture of spirits, either of which is prejudicial to its medicinal effect.

The establishment of Quetton St. George & Co. was opened in Toronto, in June, 1869, to meet this difficulty, and to supply wines which can be warranted absolutely pure, at prices approximating as near as possible to their cost at the place of growth.

The senior partner, Mr. St. George, a gentleman well known in Canada, where he has resided for many years, had been in the habit of importing for himself and for some of his friends the wine of his own vineyards of Leugaran, near Montpelier, in the South of France, and other light wines of Languedoc. Finding how highly these wines were appreciated and the desire that was shewn to obtain a larger supply, he determined upon going extensively into the business, for which his large family connection in the principal wine growing districts of France and Spain, and his intimate local knowledge of those countries and their products, gave him special facilities. He has made arrangements in a number of choice vineyards for the shipment of wines, which are sent to his firm in Toronto, thus saving heavy expenses on the other side, and ensuring their arrival without adulteration, and at extremely moderate prices, owing to the small cost of the wine at the vineyards and the saving of intermediate profits and charges.

Quetton St. George & Co. would especially call attention to the wines of Roussillon, which possess the tonic and astringent qualities of the Oporto wines, without the adulteration which has become so generally practised in that district, as to make "Port" the designation of a compound which is far removed from being the pure juice of the grape. The Roussillon ports range in price from one dollar per gallon upwards.

The Alicante also is very delicious in flavor and has been largely recommended by their medical friends.

They have also a great variety of Sherries, including some of the finest brands in Spain; and in addition to the foregoing and other descriptions of French and Spanish growth, they import German, Sicilian and Madeira wines.

Owing to the difficulty of procuring a genuine Brandy, which can be relied upon as being pure grape spirit, they have imported, especially for medical use, a white brandy of Languedoc, distilled from wines selected by Mr. St. George himself for the purpose, and which they can therefore recommend with confidence to the faculty.

For prices and full particulars, they refer to their printed circular, which will be sent free by post to any desired address.

QUETTON ST. GEORGE & CO.,
Wine Merchants, 34 King Street East,
Toronto.

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PHENOMENA OF LIFE MAINTAINED AND CONTROLLED BY TWO ANTAGONISTIC PRINCIPLES OF INNERVATION.

"*Curatio contrariorum per contraria.*"

BY J. G. FREEL, M.D , MARKHAM, ONTARIO.

On the extirpation of the superior cervical ganglion, the capillaries of all parts thus deprived of sympathetic innervation instantly become congested, with consequent augmentation of temperature. On the contrary, destruction of the fifth nerve induces instantaneous capillary exsanguination of all parts thus deprived of trigeminal influence.

Now, by logical induction, it must be inferred, as a natural sequence, that the same antagonistic principles extend to the whole of the two nervous systems. "What is true of a part, is true of the whole." It is evident, too, from the resulting phenomena, that the two systems normally maintain an equilibrium of action commensurate with the due performance of organic function: that the neurilemma of the sensory nerves must contain centrifugal nerve-fibres, endowed with the special function of dilating the capillaries, and that the sympathetic ganglia must send out nerve-fibres, whose special function is to contract these vessels. Without such antagonistic action, no such phenomena could possibly be produced.

It is proved beyond a doubt, that the cerebro-spinal and the sympathetic centres possess very different degrees of impressive susceptibility. While the cerebro-spinal respond to the least possible influence, the sympathetic are only affected by an intensified impressive force. Hence, in all ordinary vital actions, the sympathetic force remains stationary: the necessary changes in the capillaries for nutrition, secretion, and, in short, for all other functional requisites, are effected by the cerebro-spinal alone.

It is proved by experiments, that an impulse sufficiently potent to impress fully the sympathetic centres, produces a regular, intractable, prolonged and more forcible action, than it does on the cerebro-spinal centres; hence, a general law, which is capable of explaining every vital phenomenon. That a determinate supply of blood is an indispensable requisite to the healthy performance of organic functions, is a self-evident truth; while too much overwhelms, too little enfeebles, and a complete suppression suspends animation, and, if continued, must extinguish life itself. The experiments on the stomach of St. Martin furnish a convincing illustration of the existence, and the operation of a general law of antagonistic capillary innervation. When the stomach was empty the mucous membrane was pale, and no gastric juice secreted; but instantly, on the introduction of food, the mucous membrane became reddened, and the solvent began to flow. On the removal of the ingesta, the membrane became again pale, and the secretion of the gastric fluid ceased. Here the exaltant influence of the food on the sentient extremities ramifying on the mucous membrane, is conveyed to their centres, and, instantly elevating the force of the centrifugal capillary expanding fibres, produces a sufficient supply of blood for the elaboration of the gastric fluids; but on the removal of the ingesta, the sentient nerves—no longer feeling the exalting influence of the centres—resume their normal status. So, the instantaneous congestion of the mucous membrane of the uterus, on the impregnation of an ovum, and the contraction of the vessels after the expulsion of the fœtus and the placenta, prove further the existence of a general law. Exaltants and depressants are the only agents in the least capable of influencing these dynamic forces; this being self-evident, requires no proof.

The only possible means of ascertaining accurately the characteristic phenomena of each class, is to note carefully the symptoms produced by an agent universally admitted to belong to a certain order. Then, all influences producing like phenomena, must be a species of the same genus; while all inciting opposite characteristics, must be antagonistic. Alcohol may be taken as a representative of the exalting class. Heretofore, it has been absurdly held by our professional lawgivers, that a small quantity of alcohol stimulates, while a larger quantity induces sedation. This theory requires the therapeutic action of the agent to diametrically change, or the physiological laws to be reversed; either requirement involves a solecism of the grossest nature. Every action must inevitably increase, in an exact ratio, with the augmentation of the incitant. It requires no reasoning to prove that a quart is eight times greater than a gill, and therefore must contain eight times the amount of stimulus.

The influence of alcohol first effects the more susceptible cerebrospinal centres, and elevates their *vis nervosa* above that of their antagonists, and the following phenomena ensues: pupils dilated, skin flushed, circulation and respiration increased, organic functions augmented, exhilaration, indisposition to sleep or repose. But when enough has been imbibed to exalt the more powerful sympathetic centres, contracting innervation soon preponderates, and produces the following phenomena: pupils contracted, skin cool and pale, circulation and respiration diminished, organic functions diminished, mental obtuseness, sensibility lessened, disposition to sleep. The exalting influence still increasing, profound insensibility and death closes the scene. Complete occlusion of the capillaries suspends all functional action, and extinction of animation is an inevitable consequence.

The effects of opium on the system possess all the essential characteristics of alcoholic phenomena to entitle this drug to rank as a species of the exaltant genus. Its *modus operandi* in inducing sleep, allaying pain, and arresting colliquative alvine evacuations, is easily explained. When its action becomes sufficiently potent to exalt sympathetic innervation the capillaries are contracted throughout the whole system, and the brain being thus deprived of its usual quota of the element from which all functional activity is derived, becomes, in a degree corresponding with the exaltant action, insusceptible of impressions, and, therefore, incapable of perception and of volition, and consequently unconscious of pain. If this lethean state is not actually Somnus himself, it is certainly Morpheus, his son and prime minister.

In the same manner the intestinal secreting organs, being deprived of blood, their functions are suspended, and the discharges depending on the fluid are arrested.

Having thus noticed briefly the characteristics of exaltant influence, we proceed to that of a diametrically opposite character. It is evident that the characteristic phenomena of depressant action must be the reverse of those of exaltant. Depressant influence according to this natural law, must first take effect on the more susceptible capillary dilating centres, and consequently depress their force below that of their antagonists, the sympathetic force thus being in the ascendant contracts the capillaries, and produces pallidity and contracted pupils, but as soon as the depressing influence reaches the sympathetic and sends down the contracting innervation below that of the dilating the capillaries expand, the skin is reddened and the pupil expanded. We select belladonna as a representative of the depressant class; symptoms, 1st stage: pupils contracted, pulse small and quick, skin cool and pale, mental calmness, sensibility lessened, organic functions inactive. The sympathetic centres becoming depressed in turn usher in a 2nd, stage: pupils dilated, pulse slow and full, great desire to sleep, skin flushed, insensible to pain, profuse perspiration, and finally convulsions, profound insensibility and death from entire exhaustion of innervation.

That the influences of opium and belladonna are in direct opposition is further proved by the discovery, that they mutually counteract each other. In like manner, belladonna counteracts alcoholic exaltation. A certain therapeutist of this place occasionally partakes too freely, comes home and takes a large dose of belladonna, and in half an hour is perfectly sober.

In short, exaltants first dilate the capillaries and thereby expand the pupils, then contract the capillaries and thereby close in and contract the pupils, while depressants first contract the capillaries and thereby diminish the size of the pupils, then dilate the capillaries and thereby expand the pupils. The size of the pupils always correspond with the condition of the vessels, an explanation of this concurrent action will be given hereafter.

It is evident from the symptoms in the forming stage of disease that all morbific influences act as direct depressants. Among the premonitory manifestations are paleness, languor, listlessness, indisposition to active exertion, with universal perversion of function, and finally a chill. The calorifacient process of insensible combustion being carried on principally in the capillaries it inevitably follows that the partial occlusion of these vessels must reduce the temperature. Exaltants then, are the only agents capable of counteracting morbific influences, to act in conjunction with disease in reducing still lower the nervous forces, is to endorse the absurd doctrine "*similia similbus curantur.*" To carry out to the full extent the principles enunciated by Hahnemann would doom every patient to premature death. Like can never cure its like under any possible circumstances either in a physical or moral sense. To strike a man already knocked down, in order to help him up, is homœopathic theory illustrated.

Morbific influences being clearly depressant in all cases, the only scientific treatment is indicated in the motto "*curatio contrariorum pur contraria.*"

The complete establishment of this general law would elevate the profession of medicine to an absolute science and consign all shades of quacking to an inevitable doom. It is the palpable absurdities, uncertainties and illogical deductions, that induce men of culture to place their lives in the hands of those whose "*infinitesimal*" doses have no effect on the system.

There is no doubt but all metallic preparations in small doses act as exaltants, and only act as depressant when given in sufficient quantity to irritate or corrode. "Poisoning" is a term expressive of no pathological or physiolygical condition. Arsenic produces death through depressant irritation and corrosive sublimate by corroding the primæ viæ and thus exhausting innervation. Depressants, as well exaltants, have a large range. The least disagreeable sensation or unpleasant emotion acts as a depressant, while the opposite acts as an exaltant.

From the experiments of the Webers we learn that electricity contracts powerfully the small arteries, and is therefore an exaltant, consequently is contra-indicated in the alcoholic and opium insensibility, but in that arising from a real depressing influence, its powers are herculean.

Nature seems to have displayed in a remarkable degree her beneficent intentions in placing in the most conspicuous position possible a test that indicates with unerring precision the least variation of the relative action of the antagonistic dynamic forces. The iris is a perfect *neurometer*, but before discussing its importance in diagnosis we must enquire into its anatomical structure. The author of the "Dublin Dissector," says "it is not generally agreed on, whether the fibrous appearance of the iris depends on the peculiar arrangement of its vessels and nerves, or whether it possesses a true muscular structure."

It is now generally held by anatomists and physiologists that the iris is composed of radiating and circular muscular fibres. If this be its true structure what rational explanation can be given of the *modus operandi* in the production of its various phenomena? The lenticular ganglion receives its power through its motor root from the third nerve, and the iris being wholly supplied with nervous influence by the short ciliary from the lenticular and the long ciliary from the fifth nerve, after the destruction of the third nerve what remaining nervous force could possibly contract the radiating and at the same time dilate the circular muscular fibres, as the branch of the fifth giving off the long ciliary, possesses all the evidences of a nerve of pure sensation? Why do all other muscles supplied by the third remain flaccid? What nervous force could render the pupil immovably dilated? How does destruction of the third cause disorganization of the eye? After destruction of the fifth nerve, how can the lenticular force alone contract the circular and dilate the radiating muscular fibres, thereby rendering the pupil immovably contracted? How account for contraction of the pupil and disorganization of the eye with loss of function in the nerves of special sense after extirpation of the superior cervical ganglion? What philosophical explanation can be given of the influence of light in contraction of the pupil?

The muscular hypothesis has given rise to more absurd conjectures in physiology, than even, if possible, the untenable doctrine of Hahnemann in medicine. Thus the *stimulus* of light, the least of all impressive influences is made to pass as a *motor* impulse along a nerve of special sense, traverse the corpora quadrigemina, switch itself off on the third-nerve carry by force the lenticular ganglion and then dilate one set of muscles and contract another in the same structure in order to shut out a superabundance of the rays of light. This beats Dickens' "*circumlocution office*." A nerve of special sense can convey no other influence than that pertaining to its own peculiar function, while none but *intense* impulses can pass a sympathetic ganglion.

Before explaining its true nature and the *modus operandi* in the production of the irian phenomena, it is necessary to remove another error existing since the days of the Hunters.

It has been held as truth, that an artery expands in every direction at the same time, thus becoming greatly attenuated at every pulsation, the possibility of rupture or the formation of aneurism would be increased. The existence of such a principle would be opposed to the established laws of physics, and, therefore, cannot be true. Neither the condensation of elastic bodies, nor of muscles, follows the alteration of shape, there being merely a change of form, but not of magnitude. Hence arteries, being composed of elastic tissue and three layers of muscular fibres, must act in obedience to physical law. An increase in diameter must necessarily cause a corresponding decrease in length, and *vice versa*. But the question has been put to rest by actual admeasurement. We ligated an umbilical cord, during a full flow of blood, in two places, and found on inspection, that the arteries were extended beyond the cut surface of the cord, while in a portion not ligated they were retracted out of sight and touch—the ligature evidently preventing retraction. One of the arteries being laid bare, was ligated in different places, and each piece accurately measured, then punctured and the blood allowed to escape, when the vessel contracted immediately, and on being again measured the length was increased. The experiment was often repeated, but always with the same result. A piece of the contracted vessel being cut loose and laid on the table, drew itself up into short crooks, like something alive, thus accounting for the apparent shortening after an artery has been cut through in the living tissue.

Having shown the impossibility of explaining any of the irian changes consistently with the muscular hypothesis, the conclusion is inevitable that no such structure exists. On the contrary, if a vascular structure be compatible with a complete exposition of all the phenomena it must be true.

The reason of the concurrent action of the iris with that of the nervous forces, is now apparent; dilatation of the irian vessels causes a corresponding shortening, and thus dilates the pupils, while contraction of the calibre of the vessels produces elongation towards the pupillary margin floating freely in the aqueous humor, and thereby closing in and contracting the pupils.

Every one has felt a disagreeable sensation when passing from darkness into a brilliantly lighted room, this depressing influence impresses the sentient extremities of the fifth nerve which ramifies on the retina, and is conveyed directly to the Trigeminal centre and depressing the force of the dilating centre, leaves the power of the Lenticular ganglion unbalanced, the irian vessels are contracted and the size of the pupil diminished. Destruction of the third nerve renders the Lenticular ganglion powerless; the centrifugal fibres of the fifth being then wholly unbalanced, the irian vessels become fully dilated, and consequently the pupil permanently enlarged. On the contrary, destruction of the fifth nerve leaves the Lenticular force wholly unbalanced,the irian vessels become completely contracted, and thereby render the pupil immovably contracted. Hence the disorganization of the eye and the loss of function in the nerves of special sense from inanition. Extirpation of the superior cervical ganglion induces congestion of the *vasa nervorum* of the fifth nerve, and thereby impairs its functions, ultimately producing the same phenomena that follow destruction of the fifth itself.

To style this action of independent centres "reflex," is a gross misapplication of terms. "Reflex" is defined "a bending or turning back." A mere sensation must be bent or turned back, and therefore could be nothing still but a sensation, possessing no motor influence whatever. The centres receive intelligence of the actual requirements, and generate an impulse accordingly.

In the crisis then, we have a perfect *Neurometer* to indicate the exact relative strength of the dynamic forces which must prove an invaluable guide in diagnosis.

Great depression from any cause whatever, demands even greater exaltant action to élevate the nervous forces up to a normal standard—any influence short of powerfully rousing the sympathetic centres must necessarily increase the disproportion already existing between the two systems, and thereby increase the danger.

> "These shallow draughts intoxicate the brain,
> But drinking largely will sober us again."

Under a state of great depression it is almost impossible to imbibe sufficient to intoxicate. We have seen a man severely bitten by a rattle-snake, imbibe a gallon of best corn whiskey in a few hours, without the least approach to inebriation. Here the co-ordinate depressing influence ofemotion, arising from the consciousness of impending death, co-operates with the rapidly exhausting venom, and hence the almost incredible quantity of alcohol required to overcome their concurrent actions.

So too, in great prostration, large doses of Opium may be given without the least approach to narcosis. In an almsot hopeless case of puerperal peritonitis, we ordered X. grs. pulv. opii. every four hours, without the least narcotic symptoms, the patient recovered. Dr. Jacques, and Dr. S. L. Freel watched the progress of the case. In the first stage of inflammation, a large exaltant dose will contract the capillaries, and thereby remove the congestion. From its effects on the iris we judge that the "Calabar Bean" is the most powerful of all known exaltants, and possibly sufficiently energetic to exalt the depressed centres, if applied locally, and thereby render a disturbance of the whole nervous system, by an internal administration, unnecessary.

We must reserve any further illustrations for another article, but trust enough has been adduced already to elicit *ingenuous* criticism.

POISONING BY COLCHICUM.

BY JOHN H. GARNER, M.D., LUCKNOW, ONT.

Poisoning by colchicum is at any time a very rare occurrence, and I am not aware that any instance has been recorded in any Canadian journal.

In the spring of 1857, I lived in the village of Zetland, county of Huron, and was the only medical man within an area of thirty-five miles. I resided in a newly-raised log-house. My surgery consisted of a very fair assortment of drugs, and the usual necessary instruments for use, arranged on a rough series of shelves nailed to the wall. Bottles at this time were hard to procure, and it cost me no little trouble to bring them to my residence unbroken. The country was in the roughest state of a new settlement; no roads except ox-tracks, that curved in all possible twists and turns; and it was impossible to go more than a mile or two after dark, and then the cedar-bark torch was a positive necessity to guide the wayfarer. Many a weary tramp was my lot, in heat and cold, through swamps and over hardwood bush; and the pay was scrimp at best, if ever it was my good luck to get any at all. I had used up all my vials, and to supply one patient, I well remember emptying the tinct. colchici into a wine decanter, and giving him the bottle with his required medicine. I carefully labelled the decanter, and placed it in the back of one of my shelves. Next morning, early, I was called to see one of my patients, a distance of some twenty miles, and I left my door securely fastened with a strong bolt, but not locked, as my lock had been broken by accident, and I had no opportunity to get another. I returned about seven o'clock in the evening, through mud and mire, tired and hungry. I eat a hearty supper, and about nine was as soundly asleep as a forty-mile walk could inspire, from fatigue, I might almost say, from exhaustion. About ten, I was awakened by a violent knocking at the door, which was pushed open by two messengers, in great haste.

It appeared that during my absence, three young men of my acquaintance called at my house on their way home from Goderich. They were named Thomas and Robert Helm (two brothers), and John McIntyre. They had entered my house, seeking something to eat; and Robert, the youngest of the three, had by some unlucky chance got hold of the bottle with the tincture of colchicum. He swallowed half a tumbler full, and passed it to the others. McIntyre took about a large wine-glass full, as far as he could judge. Tom took less, and told them to be cautious, pointed to the label, and said it might be "some doctor's stuff;" but the other two pronounced it "most excellent gin." Tom swallowed little, and declared he would not take another drop. Robert laughed at him, took more, and he and McIntyre swallowed nearly a pint. Having partaken heartily of a piece of boiled pork, a shoulder of venison and bread, they started for home. They got as far as Tom Helm's new shanty, extremely exhausted, purged, and vomiting violently. On hearing this statement from a brother of McIntyre's, I sprang out of bed, and got the decanter. It was empty. The poison was taken at three, and it was now ten o'clock. They were five miles away. We had no lantern, nor was it possible to get a torch, as I had no cedar about the house. We passed a restless night, scarcely dozing, as I told my visitors the danger of the case, and that colchicum taken in excess was a deadly poison. The night was very dark, and wolves in bands were howling all around us, making the darkness terrible.

I took such remedies as I had, and at the earliest peep of dawn, with my rifle on my shoulder as a protector, we started at an Indian trot. On my arrival I ascertained that, after leaving my house, Tom Helm had forced himself to vomit, and he told me he endeavored to make his brother and John McIntyre do the same. They would not do so at first, but tried when it was too late. On arriving, I found Robert pale; a cold sweat on his forehead; his pulse was 160; a hectic flush occasionally on the cheek bones; very much exhausted; great thirst; vomiting; extreme tenderness over the abdomen, and the intermittent severe pains, precisely similar to peritonitis; feet and hands cold; breathing rapid; tongue dry and brown in the centre, and red along the edges; eyes red and watery, and the pupils dilated; headache intense, and he complained much of tinnitus aurium. The expression of the countenance was anxious and haggard. He also complained of great fullness of the chest, and there was a quantity of blood in his sputa. He coughed severely at irregular intervals. John McIntyre had similar symptoms, but milder, except the headache, which he described as most intense, and he often asked me for God's sake to put a ball through his head and let him die. He muttered and raved quite wildly at times, but it only lasted for a few minutes. He was at no time so prostrated as Robert Helm. Thomas seemed well enough, with the exception of nausea and slight debility, and he was assisting his wife to attend the sufferers. I administered a grain and a-half of opium to each, and it produced a short interval of alleviation. They had both been much purged, but that had considerably abated before my arrival, as also the nausea and vomiting. I tried some bicarbonate of soda, about half a teaspoonful in water; it had no effect on Robert Helm, but McIntyre said it eased the burning in his stomach and throat, so I continued it along with a grain of opium every hour. This produced decided relief to the latter, but it was evident to all that poor Robert was sinking fast. I gave him a little whiskey once, but he said it hurt his inside. His breathing became heavy, almost stertorous, the pulse declining in rapidity and the headache diminished.

About noon I found his exhaustion increasing and the countenance becoming particularly pale and expressionless. His eye became leaden, and the whole body became clammy and cold. Warm applications and bottles of hot water at the feet and sides, produced no heat, except at the part in contact. He became quite comatose at four p.m., and remained so till about seven, gradually sinking, the pulse becoming feebler and feebler, when he gave a few heavy sighs and gasps and expired.

I continued the Bicarb Soda, and gradually dropped the Opium with McIntyre. His symptoms improved, and at the end of four days he could sit propped up in bed, but was very weak. The headache was very severe in the region of the cerebellum and disappeared in a week or ten days, but left a great deal of occasional giddiness. The tightness in the chest vanished in a few days, as also, the pain and tenderness over the abdomen, but a weakness and irritability of the stomach remained for some time, of which he greatly complained. The prostration and lassitude contined for three weeks, and he did not get to his own home for some time after that. He never mentioned any distress of consequence in the region of the kidneys that I recollect, neither did Thos. Helm, but they both stated that for some time there was slight ardor urinæ.

McIntyre lived for some years after, but often told me he never did or could recover from the effects of the Colchicum, which left a considerable weakness of the entire frame, and he had nocturnal emissions subsequently to the accident, which were very distressing and weakening.

I am satisfied he never recovered from this unhappy mistake, in my residence.

An inquest was held on the body of Robert Helm, and I was requested to make a *post mortem* examination, which took place about thirty-six hours after death.

The face was remarkably pale, and the whole surface of the body very white. The lips had a contracted puckered look. The pupils much dilated. A small quantity of blood oozed from the nostrils, and a bloody froth was in the mouth and on the lips. The fœces escaped to a small extent, and there was an emission of the semen. The hands were seemingly shrivelled, as also the toes, the skin being much corrugated.

On removing the skull, the vessels of the dura-mater were much distended. This was also the case with the pia mater, on the convolutions, in the substance, in the ventricles, and the cerebellum. The veins on the last mentioned organ were extremely full, and had the appearance of rounded cords with small knots on them. The vessels at the base of the brain, and those of the medulla oblongata were also much enlarged.

On opening the cavity of the chest, the lungs were darker than natural, and much engorged, and there was about four ounces of serum in each pleural cavity as far as I could judge, or about eight ounces in all. The left lung seemed to be more engorged than the right.

There was no clot in the cavity of the heart, and very little blood, not amounting to more than a teaspoonful or two.

On examining the cavity of the abdomen, I found that the peritoneum had been very much inflamed, and also the whole length of the intestinal canal, from the Pylorus to the Rectum. The stomach was much inflamed over its external surface and all its veins much engorged.

It was much more inflamed in the vicinity of the pyloric orifice, then over the walls, or in the neighbourhood of the æsophagus; and the smaller intestines, especially the jejunum, were more intensly inflamed than any other part whatever.

I spread various portions of the bowels on card and glass, and the veins seemed as minutely injected as possible with blood, and precisely similar to such specimens as are often seen in cases of poisoning with arsenic.

The liver was very pale, and the gall bladder filled to excess. I attributed the paleness of the liver to an almost total absence of blood. The venæ portæ were full; but not engorged.

The spleen was filled with dark colored blood, and had a darker look than natural, but no signs of inflammation were present.

The renal veins did not seem so much distended as those of the other internal organs. The bladder was natural on the inside, and did not seem to have suffered like the organs, in the abdominal space; nevertheless the vessels of the surrounding peritoneum were much distended. Neither of the surviving parties complained of stranguary, yet Tom often told me that for some time afterwards his urine felt hot in passing. The same result remained with McIntyre, but not to so great an extent as might have been expected, considering the severity of the inflammation, he must have endured in the surrounding parts; and it seems strange, the kidneys and bladder were not more involved, than they really seemed to be.

From the appearances as presented in the *post mortem*, we are led to infer that colchicum produces death, by acting as an irritant poison, and the symptoms seem to be a compound of those of arsenic and opium. The severity of these become remitted at the last, and the unfortunate becomes comotose, from the compression of the cerebral mass, from apoplexy. The thirst and burning were always checked by a few mouthfuls of water, and this was craved by both patients with great avidity, although the stomach soon rejected part of it. Bicarbonate of soda also seemed to relieve, and John McIntyre drank it freely during his convalescence. Opium also relieved both patients, and I gave as much as I deemed safe under the circumstances. I have often since regretted that I did not combine the opium with Hydrarg. sub. mur. as it might have been serviceable. In the extreme paucity of information that in general prevails in reference to this poison, I should think that any reasonable remedy that presents itself to the mind of the practitioner, on the spur of the moment, allowable. Opium is a remedy to be trusted, as the inflammation and irritation produced by colchicum are decidedly abated by its exhibition, in conjumction with Soda bicarb. I think this point almost established by the two cases under our present consideration. Cold water also gave momentary relief, and I did not curtail its use in the least. Spirits of any kind are, I think, contra-indicated.

In conclusion I may remark, that practising in the bush is by no means working in a garden of roses; and the new settlements have few of the refinements of humanity to boast of. What weary journies! What poor remuneration! and unfortunately, as I have experienced, how little thanks for your best endeavours, even when crowned with the best of success! I often repented ever coming into these new settlements, and yet there are so many pleasant recollections, so many agreeable and honest people thrown in your way, that the bitter and the sweet seem to blend in a sort of unison. Others must have experienced the same as I have in a new country, and succeeding settlements will have their doctor, to be praised and remunerated as far as possible by some, and by others abused and slandered in every possible manner.

In my pioneer life I have experienced most of the enjoyments, and pleasures of the profession and I may justly add, I have also been conversant with its sorrows and disappointments. I have often felt also that if some of the practitioners around me were in cities where their merits were known, instead of obtaining a few hundred dollars a year, they would accumulate means, and hold a high position in society, at once their desert and their natural right.

Before concluding this article I beg leave to offer a few remarks on the

THERAPEUTIC ACTION OF COLCHICUM.

The therapeutic effects of colchicum are not altogether understood, even by the best of medical adepts and it will require a much more extended field for observation than that generally afforded the most successful practitioners or even by ordinary Hospitals, before many of the results both beneficial and the reverse can be set at rest, on 'this very important and interesting subject. I have used it most decidedly with benefit in gout; chronic and inflammatory rheumatism, irritation of the bladder and urethra in stone or gravel, and in sciatica, but I in no case exhibit it in any quantity by itself. I generally combine the wine or tincture of colchicum with tinct opii. This I can safely recommend to the notice of those who have not thus used it, as a very kindly adjunct to the colchicum, because it seems to allay the irritation or purging of the bowels in larger doses. I generally give it in the proportion of about one part of colchicum to two or three of laudanum, more or less according to the nature of the case under treatment.

It has been long a well established fact that colchicum acts more rapidly and purges more violently when combined with an acid. I can aver as far as my experience is concerned, and I have had a reasonable extent, that the wine or tincture is not prevented from displaying all its good effects when combined with soda bicarb. or potass bicarb. or liquor potassa, and that purging is not so readily a sequence. This is especially so in irritation of the bladder in stony deposits. The following are the proportions that I generally use and find for the most part that they alleviate very much.

℞—Vin. Colchici, 3 drs.
Tinct. Opii, 6 drs.
Liquor Potassæ, 2 oz.
Inf. Gent. ad 8 oz.—Ft. Mist.
Sig: Coch. parv. duo, ter quaterve in die.

I also give infusion of uva ursi or buchu leaves freely, six or eight ounces a day.

Colchicum I consider to be a most useful remedy, and well worthy of a trial by those who have not used it. Cases are of common occurrence where it can be exhibited with advantage.

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MEDICAL MUTUAL IMPROVEMENT SOCIETY.

St. Catharines, Tuesday, Feb. 7, 1871.

Dr. Comfort inquired if medical practitioners generally had arrived at any definite and systematic mode of administering sulphate of quinine, in the treatment of intermittent fever. During the last season, he had treated, with uniform success, a large number of cases of tertian ague, with the old-fashioned dose of two grains every two hours; but he always commenced the exhibition of the remedy as soon as possible after the accession of the sweating stage, and herein he considered there was a most important element of success.

Dr. Sullivan observed that the paroxysm of quotidian was more difficult to avert by the method of small doses at short intervals. In the Western States there is a malignant form of that fever, termed "congestive chills," which sometimes proved fatal upon the third seizure, or even the second. The usual practice in such cases is to give at one dose twenty grains each of calomel and quinine, and this heroic treatment appeared to be the most successful. The periodic attack once interrupted, he was in the habit of relying upon the combined effects of arsenic, quinine, and, when admissible, some form of iron, as prophylactics of the relapse to which, in all cases of intermittent fever, there is so great a tendency, especially while the patient is subjected to miasmatic influences. He wished to be informed if any theory of the action of quinine, in the treatment of malarious fevers, was generally accepted by the profession.

Dr. Mack said that quinine may supply the place of some of the biliary acids. A man may be bilious, and suffer extremely therefrom, without showing it in the conjunctiva or skin. Flint had named one form of this condition cholestræmia. The taurocholic and glycocholic acids, remaining in or thrown back upon the circulation, might also account for many deranged and diseased states of it. Might not quinine be yet found to supply the place of one of these acids, or to correct the evil resulting from this re-absorption? It must be remembered, that the presence of the pigment of the bile was only found when that secretion was re-absorbed, from obstruction to the biliary ducts. Dr. Damon, a high authority upon skin diseases, had assured Dr. Mack that he had found the liver involved in a large number of obstinate diseases of the skin; and we are well aware of the pruritus of jaundice, a symptom, as well as neuralgia, of biliary toxæmia, even when the pigmentary matter of the bile cannot be detected in the urine or external tegumentary tissues. Quinine appeared to him to supply a want in the blood, and not to be essentially antidotal to a zymosis or abnormal cell developement. Organic chemistry had shown that taurine was analogous to this alkaloid; it might also be found to supply some quality having a special action upon the great nervous centres.

In a short discussion upon ovariotomy, which ensued, Dr. Mack promised to bring before the Society, at its next meeting, some remarks upon that operation, together with a report, *in extenso*, of a successful case in which the gentlemen present had assisted.

Tuesday, Feb. 14, 1871.

Dr. GOODMAN reported an interesting case, which came under his notice in the St. Catharines General and Marine Hospital.

Sergt.-Major Ramsden, aged 45 years, was admitted into the Hospital on the 13th of December, 1870. His general appearance was not indicative of any serious organic lesion; the appetite was fair, the pulse did not vary much from the normal standard, the body well nourished, the face florid. He sought admission into the Hospital for the purpose of being treated for a bad cough, accompanied with expectoration, from which he had suffered for two or three months. The history of the case was obscure and did not tend to elucidate the physical signs revealed by the stethoscope and by percussion. He said he had been ill for two or three months, had been treated in the Hamilton Hospital for a "bad cough," had never spat blood that he recollected, and had never been any worse than when admitted. Physical signs—dullness on percussion, pain over the lower part of the right lung from the nipple downwards. Where the dullness existed, no respiratory sounds, either normal or abnormal, could be detected. Above the nipple, percussion elicited a clear sound, and auscultation revealed coarse rales and bronchial breathing. The cough was troublesome, and the expectoration muco-purulent; the heart sounds were normal, and the respiratory murmur over the whole of the left lung puerile—the lung appearing unaffected by disease, but doing its own work and that of its fellow. For about two weeks no marked change in his condition took place; but suddenly there was a rapid alteration for the worse; the expectoration became purulent; hectic fever supervened, and it was observed that synchronously with the advent of the unfavorable symptoms, the dullness on percussion over the lower part of the right lung disappeared, and that bronchial breathing and coarse crepitant rales could be detected over the whole lung.

Diagnosis—pulmonary abscess, the result of pulmonary congestion.

The treatment consisted in the application of blisters, painting the tincture of iodine over the right side; expectorants, with pancreatic emulsion, cod liver oil, stimulants and tonics. The patient rapidly sank, however, and died February 19th.

Post mortem appearances showed an immense abscess, involving the entire pulmonary structure on the right side of the thorax, with no trace of tubercular disease; the liver and other viscera were in a normal condition; the pleura on the right side was adherent throughout; not a trace of pulmonary parenchyma could be found, except some hanging shreds, infiltrated with pus; several bronchial tubes, with oblique, softened, shaggy ends, opened into the enormous bag of pus and debris; slight pleural adhesions on the left side, but left lung healthy.

This patient was addicted to the immoderate use of alcoholic stimulants, a habit which seems to lead in many cases to congestion of the bronchial mucous membrane, and not unfrequently to disease of the parenchyma of the right lung.

May not this circumstance be due to that sympathy existing between the whiskey-abused liver and the lung, owing to proximity?

Dr. SULLIVAN reported a case of eclampsia in a parturition of twins.

Mrs. C. called to request my attendance at her approaching accouchment. She stated that her general health was good, the only inconvenience felt was from constipation and anasarca of the legs, for which I recommended an aperient, with rest on the sofa.

October 2nd, at 6 a.m., I was called to attend her in labor. I found her in the third fit of convulsions of a tetanic character; face pale; no stertor; no anasarca of the face or hands; pulse about 90; no paroxysms; pains nearly natural in intervals; quite unconscious. On making a vaginal examination, I found the head presenting, first position; os dilated, and membranes protruding, which I immediately ruptured. I wanted a consultation, and Dr. T. Mack was sent for, with the request to bring chloroform and instruments. In the interval, about an hour, she had three convulsions, although the cold douche was constantly applied. On making an examination, the head was in the pelvis, the forceps were applied, and she was delivered of a living female child. In about twenty minutes, Dr. Mack, on introducing his hand to remove the placenta, found another child, breech presenting. He immediately brought down the feet, but the head was detained at the superior strait. The forceps were put on, and a male child delivered, a good deal congested about the head, and could not be resuscitated after the application of the usual remedies for half-an-hour.

The mother remained insensible and had three or four convulsions during delivery; she then remained quiet and called for her mother; but after an hour had elapsed, the convulsions returned. She was then placed under the influence of chloroform for two hours—using 2 or 3 oz.—after which she became partially conscious, taking beef-tea and whiskey and water alternately every half-hour. At 2 o'clock p.m. she had 8 grs. calomel, mustard sinapisms to the spine, and hot bottles to the feet, &c.

Dr. Mack saw her again at 4½ p.m.; he introduced the catheter, but found no urine. The patient died at 9 o'clock p.m.

I wish to ascertain the opinion of the meeting on the causes and treatment of this most dreadful malady. Is it caused by non-elimination of urea, or non-production of urea, and consequently albuminuria? Blot says it is due to nervous irritation of the kidney with pregnancy; Barnes says it is owing to obstructed action in the placenta; Bright's disease is not a cause, as it generally produces abortion at an early period of pregnancy; pressure is not a cause, as women with ovarian dropsy are not subject to it. Franch and Braum state that it is owing to a ferment acting on urea in the blood, which changes it into carbonate of ammonia; and, reasoning from effect to cause, which we are nearly always compelled to do in medicine, I must say that it is quite plausible, from the fact that acids are said to be a certain curative. Prof. Braum gives 16 cases which he treated with chloroform and acids, and all recovered. Tanner's experience is in favor of this treatment, and claims that death is the exception. Frericks states that he has proved by chemical analysis, that urea is changed into carbonate of ammonia, and cites several experiments which he has made upon animals, by injections of carbonate of ammonia. He gives benzoic acid, tartaric acid, lemon juice and other acetic acid injections, and sponging the body with the same; but I cannot see the necessity of this, if it is true. as Dr. Bird states, that benzoic acid is the only one that will act on alkaline urine.

Dr. GOODMAN said that he desired to call attention to the formation of emboli in the heart, as being a more frequent cause of death than was commonly supposed. In debility, arising from any cause whatever, especially if it was accompanied with obstruction of the pulmonary circulation, owing to pneumonia, or valvular disease of the heart, there was a risk of this fatal complication occurring.

When the action of the heart is nearly, or, for a brief period, quite suspended in syncope, embolism of the heart is to be dreaded. It is in this way that Prof. Meigs explains certain cases of sudden death occurring after parturition. Embolism may take place in various diseases involving over-accumulation of blood in the heart-cavities, weakness of the ventricular contractions, an overplus of fibrine, or a condition of the blood favoring coagulation. The sudden occurrence during the progress of a disease, more especially pneumonia, of great irregularity and feebleness of the heart's action, with dyspnœa, oppression, anxiety—death taking place a few hours after the supervention of the symptoms—should lead, in the absence of any other cause for the change, to a strong suspicion that an embolus had formed in the right ventricle. Dr. Goodman stated that, in the physical prostration arising from the abuse of alcoholic stimulants, there was a tendency to death by the formation of a heart-clot; and related the results of two post mortem examinations made, after sudden death, of persons who, for a long time previous to their decease, had been extremely intemperate. In both cases, a firm, whitish, fibrinous clot was found in the right ventricle of the heart; the apex of the mass plugging up the orifice of the pulmonary artery, like a cork in a bottle. He also mentioned two other cases, in which the same state of things was found to exist, on laying open the cavities of the heart. In one of these cases, the accident had been preceded by great physical prostration, the result of chronic dyspepsia and obstinate vomiting; and in the other it resulted from disease of the aortic valves, accompanied by immense dilatation of the aorta, and deposit of osseous scales upon its inner wall. [Here the pathological specimen was exhibited by Dr. F. L. Mack, who had preserved it. The scales of bone were of about the size and shape of fish scales, and were attached to the inner wall of the aorta, throughout the circumference of its cylinder, and for about an inch and a-half on the distal side of the valves.] The narrator stated that, in two of the post mortem examinations, he had been favored with the valuable assistance of Dr. F. L. Mack. In concluding, the Dr. referred to the ingenious experiments of Dr. Richardson, of London, which seem to prove that the fluidity of the fibrine in the vascular system, is due to the presence of ammonia in the blood, and that, acting upon the information derived from his experiments, many physicians now give ammonia, with a view to maintain the fluidity of the fibrine in the blood, in cases in which there may be reason to fear the formation of emboli.

Tuesday, Feb. 21, 1871.

Dr. SULLIVAN adduced for discussion some cases of fracture, occurring in his practice during the last year. He felt that, in the application of bandages, in all cases of fracture, the sins of commission had far exceeded those of omission, and that it would be better for authorities to proscribe bandaging *in toto* in such injuries, than to countenance the careless and unnecessary bandaging so often practised now. In one instance, a tight bandage and lateral splints had been applied 24 hours before consulting Dr. S., for a supposed fracture of the forearm. The patient had been thrown from the top of a loaded waggon and stepped upon by one of the horses; upon removal of the dressings, the limb was found to be seriously ecchymosed and vesicated in places, and greatly swollen; a wound, inflicted apparently by the cork of a horse-shoe, extended deeply into the soft parts over the internal condyle of the humerus; but no fracture could be detected. Applied warm water dressings and no splint or bandage, and the man made a good recovery from the combined effects of treatment and accident, in about three weeks. In the present days of malpractice suits-at-law, this case, in malevolent hands, might have proved injurious to the surgeon first employed. A carefully adjusted splint is often an error in the right direction; but it is almost impossible to apply a bandage so as to allow for the tumefaction, which may take place, and yet derive any support from it.

A woman, after a fall, complained of eversion and dislocation of the foot; fracture of the fibula could be detected three inches above the external malleolus, but no fracture of the internal malleolus existed.

The use of Dupuyren's splint in this accident, is by no means deserving the confidence generally placed in it, and he preferred a posterior splint and foot-board.

Dr. MACK remarked that he always treated fractures of the leg and also fracture and dislocation occurring in one or both bones, by reduction, and maintaining them at rest in an extempore fracture-box—formed of a pillow and two lateral splints—without bandage of any kind, until a selection could be made of the most fitting apparatus for the case; he did not think that, in this form of fracture, Dupuytren's splint accomplished all that should be expected from it.

Dr. SULLIVAN said that the injury to the whole structure of the joint, is so great, that very generally the swelling and inflammation ran too high during the first few days, to bear much restraint from apparatus of any form.

Dr. MACK believed that rupture of the ligaments very generally occurred, and injury to the joint, from a lateral rotation of the astragalus upon the lower articulating surface of the tibia and fibula. Two splints and a foot-board were the most satisfactory measures for promoting union of the broken fibula.

Dr. SULLIVAN said that the ankle-joint generally remained stiff for some time after the removal of the apparatus, and urged the propriety of an early recourse to passive motion. He then reported the particulars of a case of fracture of the inner condyle of the humerus, with partial dislocation, in a child 7 years old; the mother had reduced the dislocation immediately, which was probably of the head of the radius backwards. Pasteboard splints were applied, and the semi-flexed position maintained. Slight passive motion was cautiously commenced on the fourth or fifth day, and repeated on the eighth day, when the splint was removed, a bandage allowed to remain, and daily passive motion enjoined; in about four weeks from the date of the accident, a perfect recovery had taken place.

Dr. S. had often seen false joints resulting from unyielding splints, in fracture of the humerus from gun-shot wounds, and anchylosis of the elbow-joint from the same cause, and considered that great judgment should be used in the employment of bandages and splints in all such cases.

Dr. T. Mack reported a case of Ovariotomy, Mrs. Nutt, aged 40, mother of 2 children, married 10 years, came to this country a year ago last January. Consulted Dr. Mack last June for Dyspeptic symptoms, she then believed herself pregnant, but as she had mensturated regularly and according to her own computation had gone over her time, she experienced some anxiety upon the subject.

Her complexion was fair, with good colour of cheeks and lips, she was in good condition, enclined to embonpoint, her habits were regular, with a love for good living, the surface of the body was healthy, the abdomen was enlarged much beyond the usual size at the full period of gestation, fluctuation could be distinctly felt, no tenderness, no signs of fœtal circulation, no placental souffle, the uterus seemed to be in proper situation, measured upon the sound about two inches more than its normal size, the os. patulous and eroded, with a similar condition extending up the cervix, leucorrhœa, urine scanty abounding in lithates and high coloured, tongue-coated, appetite variable, bowels costive, great flatulence, mentally depressed from the recent loss of a child, pulse 80, full and quick. No tumor could be detected by the most careful examination. She was informed that she was most undoubtedly, not pregnant, but that the exact diagnosis between Ascites and Ovarian enlargement could not be clearly made just at the time. She consented to remain under my care for a few months. She was put under treatment for Ascites, based upon the hypothesis of hepatic disease. After four months the tumor appearing to increase steadily she was tapped and about half a pailful of thick albuminous fluid of a dark colour, evidently such as is often found in a Multilocular Cyst was discharged. A careful examination now clearly revealed a large Ovarian Tumour upon the left side, probably a Multilocular Ovarian Cyst. The exact nature of her disease and of the operation for its relief having been fully explained to her, she demanded that the operation should be performed as soon as it was deemed advisable. A mild Aperient having acted upon the bowels and a careful diet having been observed for a few days, Dr. Mack, 31 days after performance of paracentesis, 13th of November, proceeded to the operation with the assistance and in the presence of the following professional confrerês, viz:—Dr. Goodman, Dr. Comfort, Dr. Oille, Dr. F. L. Mack, Dr. Sullivan, Dr. Alexander, Dr. Olliver and Newburn, of Clifton and Drummondville, and Dr. Lambert of Amherstburg.

At half-past one p.m., she was placed upon a table in a proper position. A piece of indian-rubber cloth was laid over the abdomen, having an elliptic opening with adhesive margins which were applied to the skin for the purpose of keeping the posterior surface dry. Dr. Lambert then administered Chloroform to full Anæsthesia. Dr. Mack made a small incision down to the surface of the Cyst, about two inches below the Umbilicus and enlarged it by cutting downwards with a pair of strong curved scissors. At the point where the trocar had entered very firm adhesions were found. The scissors were then used in an upward direction, keeping to the left side of the Umbilicus until the hand could be introduced, when the surface of the Cyst was carefully explored and found to be free from adhesions, except in a spot about four inches in circumference where the operation of tapping had been performed. The large trocar of Spencer Wells was now plunged into the Cyst and fixed to the walls by the wings. A thick fluid poured out, aided by compression of the abdominal walls by Dr. Comfort, while the sac was held and prevented from collapsing by Dr. Goodman, with a strong serrated forceps. After emptying the first sac it was found impossible to proceed, before separating the sac from the adhesions already mentioned, in the dissection for this purpose the true sac was so firmly united to the peritoneum, that it was cut through and the membrane lining the sac was for some distance dissected and torn off from the interior of the sac, this mistake led to the extravasation of a small portion of the fluid contents into the abdominal cavity.

Bags of heated sand were placed near the limbs, the hand was introduced into the sac, the cells were broken up and a sufficient quantity of the gelatinous fluid evacuated to enable us to turn the whole mass out and freed from its attachments,it was supported by an assistant, while the pedicle was secured by Prof. H. R. Storer's Clamp, at as long a distance as possible from its origin, the tumour was then cut away and received in a pail. Baker Brown's Clamp was next applied, Storer's Clamp removed, and the pedicle was seared off close to the surface of the Clamp by the actual cautery. Spencer Wells' Clamp was applied behind the large one and carefully secured. Brown's Clamp was removed, and the seared surface of the pedicle free from any oozing and well secured, remained. The opposite ovary was next examined and found to be healthy. Great care was taken to maintain the temperature of the room at 80° throughout the operation and to sustain a proper heat of the surface of the patients body. The most careful sponging of the abdominal cavity was practised and no source of hæmorrhage or clot allowed to remain, every drop of extravasated fluid was thoroughly removed, believing with Prof. H. R. Storer, that the time elapsing for so doing is beneficial more than injurious to the peritoneum. Four deep stout wire sutures were now introduced, so as to ensure apposition of a strip of peritoneal surface, and six superficial silver (thin) wire sutures securely closed the wound, leaving the pedicle secured at its lower end. Long straps of adhesive plaster, after the method recommended by Prof. White, of Buffalo, were made to encircle the whole abdomen. A broad flannel bandage was applied and the patient was placed upon a comfortable hydrostatic bed filled with water at about 80°. A warm foot case and bags of hot water were applied; the Anæsthesia was suffered to cease, and a small quantity of iced brandy and water was administered, followed in half an hour by a little beef tea. The whole time, from the commencement of administering the Anæsthetic to placing her in bed being about two hours, from half-past one p.m., to 3.45. All water used in washing the sponges was feebly carbolized. The tumour and contents weighed, in all, about 31 pounds. Her pulse, when consciousness had been fully restored was 135. At 5.30 she had vomited the beef tea, pulse 125. Ice was administered and a Enema containing 15 drops of Elixir of Opium. Occasional vomiting continuing when beef tea was taken, iced milk was substituted. At half-past nine the Catheter was used and employed regularly every six hours as long as it was found to be necessary. A mixture of Creasote and Elixir of Opium, five drops of the latter and two of the former was given. At 12.30,pulse 120, patient warm and comfortable, has slept quietly for 40 minutes. At 3.10, as the brandy and beef tea would not remain on the stomach, Champagne was substituted with excellent effect.

On the day following the operation she vomited but seldom, kept nourishment down very well, and at 4.30 p.m., the pulse was 108. weak Carbolic lotion was applied to the pedicle. Urine passed naturally. At 10 p.m., vomiting increased to an alarming degree. All nourishment by the mouth was suspended. Dr. Comfort who remained with her during the night ordered half a grain of Morphia, applied mustard to Epigastrium and gave Enemata of beef tea with 10 drops of Elixir of Opium every two hours. On the second day after the operation the symptoms continued rather uncomfortable, but the next day she began to improve slowly and steadily. The Clamp came away on the tenth day and she convalesced without a single bad symptom until now, about three months from the date of the operation. I meet her daily in the street walking and apparently in good health. I should add that the temperature of the room was steadily maintained at between 70° and 80° for a week after the operation, and at 70° until she was able to sit up.

A CASE OF STONE IN THE BLADDER.—DEFORMITY.—OPERATION.—SUBSEQUENT DEATH.

By W. Canniff, M.D.; M.R.C.S., Eng.; Prof. Surgery, Victoria University; Surgeon to the Toronto General Hospital; President of the Medical Section, Canadian Institute; late Vice-President Canadian Medical Association; Corresponding Member of the Gynæcological Society of Boston; Honorary Member of the New Brunswick Medical Society.

Stone in the bladder is one of the most important surgical affections. It is important not merely because of the several modes in which the stone may form; but from the great mortality which statistics inform us attend operative procedure. Thus according to statistics recently prepared by Sir H. Thompson, the average mortality attending lithotomy in the London hospitals is 1 in 7¼; and in all England it is 1 in 6.93 cases; while in Europe generally the average is 1 in 5.14. So the statement of Erichsen is evidently true that "Lithotomy even in healthy subjects is always a dangerous operation." In children the danger is considerably less than in adults, so that the average number of deaths among adults would be something greater than the above mentioned. The presence of constitutional or local disease adds very much to the danger. Again, according to statistics prepared by Crosse, the mortality is to a marked extent modified by the size of the stone. He has found that when the stone is one ounce or under, the average of deaths is 1 in 11.25; when from 1 to 2 ounces, the number is 1 in 6.61; when from 2 to 3 ounces, 1 in 2.18; when from 3 to 4 ounces, 1 in 1.57. "This illustrates very clearly the fact that the operation for the removal of a large calculus is far more dangerous than that for the extraction of a small one."

The history of the case I am about to give is one of great interest. Mr. S.——, of the age of 25 has been afflicted with symptoms of stone for 14 years. Some years prior to the first appearance of the symptoms he had arthritis of the right hip joint, from which he was laid up for a long time. The result of this disease was dislocation of the head of the femur upon the dorsum of the ilium, accompanied with deformity of the pelvis. Having occurred at so early an age the condition of the young man now is one of decided deformity of all the parts about the pelvis. The symptoms of stone have been borne by the patient with great patience during long years; but latterly the distress has become so great that he determined with the advice of his physician, Dr. Fleming, to risk the success of an operation. The pain is very great, and for a long time he has been compelled to lie upon his face to relieve the distress caused by the stone pressing posteriorly. He can retain but a very little urine in the bladder. Long continued suffering with restlessness has reduced him to almost a skeleton. His appetite is never good; yet he retains a good degree of sprightliness. So far as can be learned the stone has only once been felt by means of the sound.

He was received as a private patient into the Toronto Hospital on the 17th Jan. 1871. The following day I introduced a sound into the urethra which, with but little difficulty passed to the triangular ligament. A little manipulation then brought the instrument in contact with a stone; but it was found that it would not readily enter the bladder. The following day I again passed the sound to the stone, without any further advancement. Two days later I had Dr. Bethune in consultation, but on this occasion neither of us could feel the stone. We determined to let the patient have a rest of several days before further examination. Four days thereafter every preparation was made to perform the operation of lithotomy should we succeed in reaching the stone with the instrument. Instead of using a sound, a grooved staff was employed so that prompt advantage could be taken of a favourable introduction. But we were doomed to disappointment; not only could we not introduce the staff, but the sound could not be made to reach the stone, although different sizes and kinds were tried. Under such circumstances it was of course impossible to proceed with the operation, and it had to be deferred. The patient suffered temporarily from irritation of the urethra, but it was shortly relieved by the use of hyoscyamus and flax seed tea; and in a few days the condition of the patient was as before the effort to operate. After some days elastic bougies were tried as well as the sound by different persons, but in no case did the instrument pass beyond the anterior part of the prostate.

After a further consultation, preparations were again made to operate, if it were found practicable. Having been placed upon the table, the patient was put under the influence of chloroform. After repeated fruitless attempts by myself and others to pass the instrument, and as we were about to give up in despair of reaching the stone, I made a last attempt. By means of the straight staff, I at last succeeded in touching the stone. Others having corroborated my declaration that I felt it, and as we now knew the instrument was in the natural passage; it was a more easy matter to urge the instrument on. Some manipulation made it convenient to feel the stone with distinctness, although the instrument would not enter the bladder. The straight staff was removed and a curved one substituted, which readily came in contact with the stone. It was decided to proceed with the operation of lateral lithotomy.

In consequence of the deformity of the parts, it was found that the patient could not be easily tied in the usual position for this operation; and I was induced to act upon the suggestion to trust to those present to hold him in the ordinary position so far as could be done. This omission to tie is one I would not advise in any case, as in the course of the operation it may become impossible to steadily retain the patient in that position so essential to a satisfactory operation. Upon examination of the perinæum, when placed in position, it was found that the deformity very considerably affected its appearance. The raphe from the auns to the scrotum was materially to one side, and curved. The outlet of the pelvis was evidently abnormal, in consequence of the long continued deformity at the hip-joint. This unnatural condition of the parts, and the fact that the staff did not fairly enter the bladder either from the great size or from some unusual position of the stone; in connection with the constitutional disqualification of the patient were not by any means assuring, and I confess I commenced the operation with some apprehension and trepidation. The first incision was made cautiously, and I was induced to commence it somewhat more posterior than might advantageously have been done. With a trifling delay the first part of the operation was accomplished; that is, by incision, the necessary structures were divided to lay open the ischio-rectal fossa. But now was encountered the first of several difficulties. It was found that the membranous as well as the prostatic portions of the urethra were in an abnormal condition, and the reason why the instrument would not enter the bladder was fully explained. The stone occupied the prostatic portion of the urethra, which was much dilated. But the principal thing which at this stage engaged my attention was the abnormal thickening of the membranous portion. The thickening was so great that the staff could with difficulty be distinguished through the coats. And as the instrument was not within the bladder, but merely resting against the stone, it was impossible to hold it firmly fixed. The presence of the stone where the prostate alone ought to have been, with the thickening and induration of the membrane gave the case a degree of uncertainty which one operating under ordinary circumstances could not fully realize. After a little delay to consider the bearings of the case, a curved, sharp-pointed bistoury was passed along my finger and made to penetrate to the staff and to divide a portion of the wall, cutting from behind forward. I then with a straight knife, cut to a limited extent toward the prostate. The probe-pointed lithotomy knife was then taken and passed along in the lateralized position until the end of the groove was reached; but it was plain that at the most a very limited opening had been effected to the stone. This of course can be readily understood when it is remembered that the staff did not pass over the stone, which occupied the dilated prostate. At this juncture I wished. the opinion of another, and Dr. Hodder introduced his finger to the staff and expressed the opinion that the knife should not be used any more, but that the opening should be enlarged by the finger passed along the staff, which he did. I then placed my finger against the stone, and the staff was removed. The forceps were introduced and I tried to grasp the stone; but this was impossible. The stone was plainly a large one, and although forceps of different size, shape, and construction were employed, not one could be made to encompass the stone, but portions of a soft stone were broken off. Failing with the forceps the scoop was used, and passed to the posterior part of the stone. With the finger as a counterpoise an effort was made to extract; but the stone turned on its axis and the scoop came away, carrying a fragment of the stone. Thinking the changed position might enable me to grasp it, I again tried the forceps, but could not sufficiently dilate to enclose the stone. So the scoop was again taken, and with more success. The stone was slowly by an oscillating movement extracted. Its size was about that of a billiard ball, and rounded. Before any portion of it had been crumbled off it must have been considerably larger than a billiard ball. Of course the shape and size, in connection with its position, accounted for the insurmountable difficulty of seizing it with the forceps.

During the course of the operation I had not given much attention to the condition of the patient, but was now informed that he had remained in a fair condition, except that the pulse was somewhat weak. The bladder having been washed out with warm water the patient was put to bed, and made comfortable, being seemingly only affected by the chloroform, There was nothing alarming noticed, and the gentlemen who kindly rendered assistance departed. Remaining in the room, I observed, about half an hour after the operation a marked palor of the face, and found the pulse weak. At this time he had passed from under the influence of chloroform. Stimulants were given more freely, and hot bottles put to his extremities. He rallied for a while, and could speak, expressing himself as feeling poorly, but as being free from pain. But about an hour afterward the pulse suddenly grew weak; and although the strongest stimulants were administered by mouth and per rectum, he finally sank and died.

In view of the statistics given in the former part of this paper, and the pathological condition of the parts involved in the operation, both without and within; the length of the time the stone had been in the bladder, 14 years, the size, and the shattered condition of the patient's general health, it may be said there was no solid ground to expect a favourable issue. Reviewing the whole matter, and considering the successive obstacles which were encountered at the several steps of the operation, I fail to see in what respect any other course could have been at any time taken by which the chances of the patient would have been increased, although, one will often, upon reflection, imagine he might have done otherwise for the benefit of his patient, just as the on-looker will often fancy that, had he the matter in hand, difficulties would disappear like frost before the rising sun.

In conclusion, I would express my thanks for the kindly aid offered by the several medical gentlemen present. In all operations, and especially in trying ones, it is of the first importance to have efficient assistance from those who stand ready to give judicious advice whenever you may ask it.

(To the Editor of the Canada Lancet.)

Sir,—I am induced to report the following case of puerperal fever, as I believe it is out of the ordinary routine of such cases.

Mrs. Margaret L., aged 25 years; third pregnancy; admitted to this hospital at 10.30 p.m., on February 16th, 1871. She stated that the pains began that evening, about eight o'clock, but did not become severe till nine, when her husband brought her here in a cab. The pains gradually became more regular and severe, and at midnight she was safely delivered of a fine healthy boy, weighing eight pounds. The placenta came away in half an hour, and the uterus became firmly contracted. She stated that she had made favorable and rapid recoveries in both of her previous confinements.

The patient continued to improve for eight days; the lochiæ being normal in quantity and quality. On February 24th—the ninth day—I noticed, for the first time, that the patient spoke at times in a rather strange manner, but always rationally, and wished to rise. Permission was given to the nurse to allow her up, for two hours. While the nurse had her back turned, the patient ran to an open window in an adjoining ward, but could not have been there scarcely a minute. She was ordered to bed again, and still said she felt perfectly well, continuing to take her food with a good appetite. She was questioned as to feeling any chill, but persisted in saying that she had not, and no rigor had been noticed by the nurse.

About seven p.m., I made my evening visit to the wards, and found her very well, with the exception of the pulse, which was about 85 or 90; but I attributed this to her excitable character. I then went out; but on my return, about 11.30 p.m., I found that they had been obliged to send for the attending physician, as the patient had become excited, and complained of great pain over the abdomen.

Turpentine stupes were applied to the abdomen, and an opiate every two hours was ordered. Pulse 160.

February 25th, 10.30 a.m.—Pulse 136; abdomen tympanitic; tongue dry. Professor Simpson visited her at 12.30 p.m. Pulse 130; local peritonitis on lower border of the liver. Turpentine stupes every half hour; opiate every two hours; turpentine internally, 10 drops every four hours. Towards evening the pulse became quicker, and when pressure was applied to the abdomen she complained of no pain. The patient continued quite conscious till about 6 a.m. on February 26th, and at 7.15 a.m. she took a convulsion and died immediately after.

What seems very strange in this case, is that the patient continued so well up to the ninth day after delivery, her disease being ushered in without showing any premonitory symptoms of its approach, such as a prolonged chill, rigors, &c. No assignable cause can be shown for the rapid inception of the disease. No one had visited the patient except myself and the attending physician. It cannot be traced to an erysipelatous patient in any way, and no other patient has died of fever in the hospital for some months.

Yours, &c.,

Fred. R. L. Strathy,
House Surgeon.

Edinburgh, March 1st, 1871.

(To the Editor of the Canada Lancet.]

Sir,—I am not sure whether you allow controversy to take place in the pages of your journal or not; I hope you do, to a certain extent, as I think a little controversy beneficial, especially to the younger members of the profession, provided it be carried on honourably and honestly. I hope you will oblige me by allowing my present communication to appear in the *Lancet*, as I feel it somewhat incumbent upon me to write it, inasmuch as Dr. A. Agnew, of Delaware, Ont., in reporting a case of worm fever in the March number of the *Lancet*, somewhat similar to my case, which appeared in the January number—only more so, as Artemus Ward would have said, alludes to my case in a rather disparaging manner.

He first informs us that it is often difficult to tell whether the worms are the cause of the disease or a mere complication, and then states that the report of my case throws very little light upon the subject. I have read the report of Dr. Agnew's case, and I fail to see that it throws any more light upon the subject—certainly more worms—but scarcely more light. Though the reading of my case may not have let much light into the Dr.'s mind, it probably assisted him in diagnosing worms to be the cause of his patients trouble, especially as the worms were making their appearance, per. os., and also in determining him to attack the "varmints," as he so graphically describes it.

He further states, that the presence of 18 worms in the bowels, was scarcely sufficient to account for the symptoms I described. As well might Dr. Agnew say, that the inhalation of marsh miasmata, was not sufficient to account for an attack of ague, with its accompanying train of symptoms. And, in my opinion, his grounds for such an assertion would be far more tenable,

However, in reporting my case, I did not enter into any pathological discussion of the subject, as Dr. Agnew has attempted to do, but merely reported the case as it occurred in my practice, with the treatment and its result. And, whether or not, the presence of 18 worms was the cause of the symptoms I described, certain it is, that upon their removal the child got better immediately. But with your permission I will now make a few remarks upon the subject. I quite agree with Dr. A. that it is often difficult to tell whether the worms are the cause of all the symptoms. But we are often beset with greater difficulties in other diseases. I suppose that Dr. Agnew is aware that the alimentary canal is lined with mucous membrane, and largely supplied with little vessels, called absorbents, and that one of the strongest laws in the animal economy is that of sympathy of one organ or set of organs with another. Now, the presence of a large number or even a limited number of worms in the alimentary canal, must, and does set up a great amount of irritation, and interferes greatly with the process of digestion and assimilation. That a great deal of irritation is present is plainly shown by the character of the stools. And when we take into consideration the fact that worms are generally found in children whose diet has been erroneous and illregulated, which of itself is sufficient to cause a great amount of disturbance throughout the system, it is easy, I think, to account for a great variety of symptoms. And furthermore, in my opinion, the irritation set up by the worms, which has been going on in the system for some time, gives rise to diseased matter, part of which becoming absorbed, acts as a species of blood poison. Hence, we have the circulation evidently disturbed with its accompanying fever, heat of skin, eruption, &c. In conclusion, whether or not the worms are the cause of the symptoms, I know that during the last seven years I have had a number of cases of worm fever, the symptoms of all disappearing upon the removal of the cause (worms).

Apologizing for the space I have taken up, I remain,

Yours very truly,

R. J. DARRAGH, M.D.

Columbus, Ont.

(To the Editor of the Canada Lanset.)

SIR,—I am greatly amused by the trait of self-confidence (which always stamps the great mind) displayed by a correspondent in your last number. His modesty and courtesy has induced me to reply to a portion of his remarks. He speaks of "indifference and contempt" being shown by the public toward the profession, and uses the terms "childish and bigoted," as applying to the estimation in which medical men are regarded. This is mere nonsense. Every reflecting man is aware that the members of our own, as well as the other professions, are judged on their merits. The most skilful and experienced is he whose services are in the greatest demand; as a consequence, with very few exceptions, the ablest man is the most successful. I have little doubt that the public would find themselves in a in a dreadful dilemma, if your correspondent would withdraw, for the shortest time, his valuable services. If he could find it in his heart to be thus merciless, I feel quite satisfied that "the indifference and contempt," now shown him, would speedily vanish, as the cause for it would no longer remain.

He asks, "what medical men were consulted, when the Homœopathic and Eclectic boards were authorized," &c. In answer to this, permit me to state that I know as a fact, the proposals in connection with the initiation of this measure came from gentlemen of the same school as your correspondent. These gentlemen were not sought after by the Eclectics, but voluntarily came to them, to do what was considered a matter of justice to an important section of the profession. The Ontario Medical Act, embodying in its details the agreement arrived at, by representatives of both bodies as well as the Homœopathists, is considered to be wise and liberal in its provisions, and as eminently satisfactory to the majority of the profession. I am not aware that your correspondent was consulted, nor do I think it was at all necessary that his favorable opinion, much less his consent, be obtained, before the Legislative Assembly of the Province should dare place it on the statute books, as the law of the land. This fact may account for the displeasure of so eminent a practitioner, so high an authority in the medical world as Wm. Oldright. Granted, these gentlemen possessed the knowledge, patience, energy, and every necessary requirement to form a proper estimate of their duties and responsibilities, they must still have lacked some of the qualities seemingly possessed by this self-introduced Solon, who now lectures with so much authority on the subject. He thinks it wrong that "students have now to be examined by the proprietor of the Victoria Wine Bitters and three other Eclectics and Homœopaths." And pray sir, why not? Are Eclectics and Homœopaths to be barred from all privileges for the exclusive benefit of Allopaths? This would be neither wise nor just. I am sir, a graduate of the University of Victoria College, as well as the Central Medical College of New York, and although classed by your correspondent, as having no other rights than as a member of the Electic section, still I think these sufficient to entitle me to the position I now occupy.

So far as the Victoria Wine Bitters are concerned, I have to inform your correspondent, that I am not the proprietor of that article, but the inventor of it. In that connection, I may state that I know it to be more serviceable than adulterated whiskey, bad brandy, or any compound of methylated spirit, some one of which articles is often prescribed to the great detriment of those who use it. If Dr. Oldright does nothing more to affect his professional reputation, than give to the country "The Victoria Wine Bitters," he would be able to court an investigation with more success than, I think, he can do at present.

Truly yours,

G. A. CARSON.

Whitby, 23rd March, 1871.

(To the Editor of the Canada Lancet.)

SIR,—Permit me, through your pages, to enter my protest against the abuse which Dr. Strange makes of his office as Registrar. On the passing of the last act, I applied to Dr. Grant, and, at his suggestion, wrote to Dr. Strange, who requested me to send my license, &c. Accordingly I enclosed it to him, with certificate from the Reeve, and five dollars, the proper fee then.

I have not heard from this Dr. Strange—well named—from that time to this, though I have repeatedly written to him.

I have the registry certificate from the post office, and a letter from the post office authorities, certifying that my letter containing the license was delivered.

Now let me ask you, as a confrére, is this decorous treatment? is it even honest?

Should those who elected him desire to provide for a burdensome acquaintance, let me suggest some *other* place, where he can be provided for at public expense, and spare those, who have not too much, in our honorable profession.

Yours, with respect,

GEORGE C. AYLWIN, M.C.P.S., C.E.

Jeno, Onslow P. O., Feb. 28, 1871.

APPOINTMENT OF CORONORS.—Dr. Jones, of Port Perry, Dr Lovett, of Ayr, and Dr. Joseph Carbert, of Orangeville, have been appointed Associate Coroners for the respective counties in which they reside.

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of every Month.

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.*

TORONTO, APRIL 1, 1871.

MEDICAL REPRESENTATION IN PARLIAMENT.

As the result of the late elections four medical gentlemen have been returned for the following constituencies:

Dr. Baxter, Haldimand.
" Boulter, North Hastings.
" Wilson, East Elgin.
" Clarke, North Norfolk.

We are glad to see so good a representation of the medical profession, and from what we know of these gentlemen we fell satisfied that they will not only guard the interests of the profession in the Province, but will be a credit to the House of which they form a part.

While we admit that in the interests of the country at large the best men should be chosen, irrespective of their profession, and that class representation, like class legislation, is wrong, we cannot but feel gratified to think that the noble profession to which we belong is, as it should be, fairly represented in the halls of our local legislature.

There is no class so largely represented as the profession of law, and there is no class better qualified for the discharge of those duties peculiar to the house than lawyers, men who have made legislation a study, and were it not for this circumstance the large proportion of representatives from this class would be very injurious to the welfare of the state. There is always the danger of a reaction when any individual or class runs to extremes, especially on matters of public interest, and this may come to be the case with the legal profession; but there is very little danger of such a calamity befalling the members of the medical profession.

ORIGINAL PAPERS.

In consequence of the length of some of the original communications in the present number we have been obliged to withhold some very important original matter which will appear in the next issue. During the past month we have received some most excellent practical papers on various medical subjects, and we cannot but express our extreme gratification at this most favorable indication. Some of these are exceedingly well written and reflect no small credit on their respective authors. They will also compare favorably with the medical literature of older countries. Country practitioners who have long drives over bad roads, as a general rule, have much less time and opportunity for the preparation of medical papers than city practitioners; but so far they have furnished more material for the columns of the *Lancet* than their more highly favored *confreres* in the cities. Several original articles that appeared in the *Lancet* have been copied into British and American Medical Journals, among which may be mentioned an article on "traumatic tetanus," by Dr. Lougheed of Bright, an interesting paper by Dr. Constantinides of Toronto, on a peculiar case of malformation, and one somewhat similar to the latter reported by Dr. Uzziel Ogden of Toronto.

HUNTER vs. OGDEN.

In this case, it will be remembered, a verdict for $500 was returned at the Fall Assizes in this city, against the defendant, for an alleged breach of contract, he having declined to remain at plaintiff's house, where, on his arrival, he found another physician in attendance. The case being appealed to the Court of Queen's Bench, the verdict was reduced to one shilling, and each party ordered to pay his own costs, thus relieving the defendant of all costs but his own counsel fees.

This case, with several others recently before the Courts of this Province, show how fortunate it is, that an intelligent and enlightened judiciary intervenes between our unfortunate profession, and an ignorant, prejudiced and partizan jury.

THE MEDICAL DEPARTMENT OF TRINITY COLLEGE.

We stated in the last number of the *Lancet* that the Medical Department of Trinity College would shortly be reorganized. By reference to our advertising columns our readers will see that this is now an accomplished fact. We are gratified to know that the newly reconstructed department is entirely free from any restriction likely to diminish either its prosperity or its influence.

The Faculty as will be seen, is composed of well-known medical teachers, whose names will be the best guarantee the profession and the public *can* have as to the future character and conduct of the school.

The Medical Department formerly enjoyed a very high reputation at home and abroad, and the authorities of Trinity College have done well in choosing a most auspicious time for its reorganization, and in effecting it in a manner so liberal as to place its full success beyond peradventure.

New and commodious buildings will be erected during the coming summer in the immediate vicinity of the Toronto General Hospital, and every arrangement will be made for the benefit and convenience of students in attendance.

The announcement, giving full details will be issued in due time, and will, we have no doubt, from its liberality and comprehensiveness, be eminently satisfactory to those interested, and especially to those who have the welfare and prosperity of Trinity College at heart.

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ST. THOMAS' HOSPITAL, LONDON, ENGLAND.

Dr. Legros, Clark, has been appointed senior surgeon instead of Dr. Solly, who has resigned.

Dr. Solly was a candidate for the presidency of the Royal College of surgeons, but was defeated by Sir Wm. Ferguson, who was chosen to fill that post of honor. He also expected to be made Sir. Samuel Solly this year, but something occurred to prevent his elevation to this rank. He has given up his house in Saville row, and it is reported that he has had a stroke of paralysis

It is said that misfortunes never come singly, and this would appear to be true in the case of poor Solly.

Dr. Leibreich has been unanimously elected by the authorities of St. Thomas' Hospital, as ophthalmic lecturer at that institution, and as ophthalmic surgeon to the hospital.

The friends of St. Thomas' Hospital may well congratulate themselves on the appointment of one so talented and eminent in his profession as Dr. Leibreich.

PROFESSORIAL CHANGES.

The following gentlemen have resigned their respective chairs during the past month.

Norman Bethune, M.D., F. R. C. S., Edin.; Prof. Principles and Practice of Medicine, Victoria University; J. Fulton, M.D., M. R. C. S., L. R. C. P., London; Prof. Physiology and Lecturer on Sanitary Science, Victoria University; J. Algernon, Temple, M.D., M. R. C. S., England; Lecturer on Medical Diagnosis and Pathology, Victoria University, and Arch. E. Malloch, B. A., M.D., Glasgow; Demonstrator of Anatomy, and Lecturer on Surgical Anatomy, Victoria University; W. B. Geikie, M. D., F.R. C.S., Edin; L. R.C.P., London; Lecturer on Clinical Medicine, Toronto School of Medicine.

The above named gentlemen were subsequently appointed on the medical staff of Trinity College, the announcement of which will be found in another column of the "*Lancet.*"

NEW MEDICAL SCHOOL IN MONTREAL.

A new Medical School has been established in Montreal, and has obtained from the Lennoxville University the privilege of granting degrees, &c. The chairs and their occupants are somewhat as follows:—Medicine, Dr. David; Surgery, Dr. Hingston, Midwifery, Dr. Smallwood; Institutes of Medicine, Dr. F. W. Campbell; Materia Medica, Dr. Trenholme. Other appointments have not yet been decided.

This is the third Medical School in Montreal, and from the well known reputation of the gentlemen who compose the staff thus far appointed, we have every reason to believe that it will be a success, and will constitute a formidable rival to McGill College.

McGILL COLLEGE EXAMINATIONS.

The lectures of the Medical College of McGill University closed on the 17th of March, and the primary examinations in the Faculty of Medicine commenced on the 20th. The following students passed, viz:—A. D. Blackadder, Brantford; J. R. Hamilton, Toronto; H. L. Copeland, St. Catharines; Geo. H. Christie, Lachute; W. J. Sharp, Simcoe; W. E. Waugh, London; A. B. Mallory, Cobourg; Hamilton, Allan, Osgoode; Robert Howard, St. John's; Thos. Kelly, Durham; D. C. Crain, Almonte; Henry Hetherington, Dickson; A. Wagner, Dickinson's Landing; W. E. Nicoll, St. Mary's; Jas. T. Munro, Hawkesbury; P. J. McLaren, Lanark; Z. Hebert, Montreal; Arthur C. Brown, Montreal; B. A. and John Morrison, Huntingdon.

In the primary examination the prize was gained by Thomas Kelly, Durham; H. Allan, of Osgood, being second.

The following gentlemen passed for the degree of M.D.C.M.—Lewis H. H. Beaudry, St. Pie; A. J. Cattanach, Fergus; F. J. Davignon, St. Mathias; James Duncan, Port Dover; M. Gardner, Hespeler; C. F. A. Locke, Barrie; Thomas C. McConkey, Barrie; F. H. Mitchell, London; Frank Warren, Whitby; H. P. Wright, Ottawa; R. A. Stevenson, Cayuga; A. W. Marston, Hull; George W. Major, B. A., Montreal: Wallace Clark, B. A., Montreal; C. McKay Freeman, Milton, Nova Scotia; Thomas G. Johnson, Sarnia; Wm. G. Ross, London; Henry R. Brissett, Chambly; John A. Mathieson, Embro; C. J. Rattray, Cornwall; R. A. Alexander, Stony Creek; Gideon M. Duncan, Bathurst, N. B.; John R. Hamilton, Stratford; John A. Read, St. John's, Newfoundland; Alexander D. Blackader, B.A., Montreal; Lewis G. Hunt, Halifax, N. S.; Thomas D. Reed, Montreal; John Duncan, Port Dover.

We have just received a copy of the proceedings of the Third Annual Meeting of the Canadian Medical Association, and are requested to say that copies are in the hands of Dr. H. H. Wright, of this city, for all the medical practitioners of Ontario, who can obtain them by writing and enclosing postage. We will have something to say, in a future number, on the modest Bill accompanying the proceedings.

EASY METHOD OF BED MAKING IN FRACTURES.

Dr. E. D. Worthington, of Sherbrooke, Quebec, in the February number of the *Canada Medical Journal*, describes an exceedingly simple and easy method of bed making in fractures. The contrivance is very easy of application, and as it is something new and original, we give the description in full, and would recommend it as a useful and ingenious arrangement for the purpose for which it is intended. His apparatus is as follows:—

"Eight pieces of pine—six of them being each thirty inches in "length, four in breadth, and three-eights of an inch in thickness. "The other two are three in breadth, three-quarters of an inch in "thickness, and the length of an ordinary bedstead; the ends and "edges of them all being rounded, and perfectly smooth.

"When everything is ready I pass the short pieces separately "under the patient from side to side, at regular intervals from the "head to the feet—say one at the heel, the calf of the leg, the middle "of the thighs, the hips, small of the back, and shoulders. The long "pieces are then carefully inserted under the ends of the short pieces. "The apparatus is put together in a minute, and one person at each "corner lifts the patient steadily on this temporary stretcher. The "bed underneath is arranged in two minutes more, without the least "feeling of discomfort to the patient. In this way my patient has "been moved every day for the last two weeks. As her bedstead is "rather low, two ends of the long side pieces are lifted so as to rest upon "the headboard, and a couple of hassocks support the lower ends until "the process of bed making, &c., is completed.

"In all the stretchers I have seen used, the patient had to be "lifted upon them, while in this plan the stretcher is made under the "patient. As a matter of safety the four corners may be secured by "a pin or screw, but the weight of the patient, and a little care on the "part of the attendants, render this unnecessary in a sick room.

"It is sometimes difficult for nurses to pass the bed pan well "under a patient, but by adopting the above suggestion either the bed "pan or ordinary 'utensil,' according to the peculiar notions of invalids "on this delicate subject, may be used without risk of making the "sufferer a victim of misplaced confidence.

"In conclusion, I believe that for 'field use,' the above put "together in sets, with a wooden pin to be dropped in a hole at each "corner, would be cheaper, more profitable, and in every respect better "than the present army stretcher."

MEETING OF THE MEDICAL COUNCIL.

The next annual meeting of the Medical Council will take place in Toronto at noon on Tuesday the 6th of June next. Last year the meeting was held at an earlier date ; but the rains and mud made it very unpleasant. As there is nothing very urgent at present, it has been deemed advisable to wait until the pleasant weather in June.

In this connection we have been requested to state that any person wishing any information, or business transaction with the Council, will please write the President, Dr. Brouse, Prescott, and he will see that it is properly attended to.

HONORS.

At a meeting of the New Brunswick Medical Society, St. Johns, held on the 4th day of January, 1871, Edward M. Hodder, Esq., M.D., F. R. C. S., England; Toronto, was duly elected an honorary member.

DR. BAYARD, *President.*	DR. ALLISON, *Secretary.*

QUEEN'S COLLEGE—FINAL EXAMINATION FOR M.D.

The following gentlemen passed their final examinations for the degree of M.D., at the examination of the Royal College of Physicians and Surgeons :—Gerald Bernard, Elswood Chaffey, Dr. W. P. Day, A. C. Fairbairn, N. B. Gillies, Kenneth Gunsolus, Wm. Higinbotham, W. R. Houston, Edward Kidd, Jas. Lafferty, Jas. Newell, J. A. Vanallan, and Dr. Young.

OBITUARY NOTICES.

We regret to announce the death of our esteemed fellow-citizen and brother practitioner John Brown M. D., who died of consumption on Tuesday the 7th ult., in the 36th year of his age. His funeral took place on the 10th from his late residence on Queen Street, and was largely attended. The deceased was a member of St. John's Lodge, No. 75 A. F. and A. M., of this city.

and also of Covenant Lodge No. 52, I. O. O. F., B. U., a respectable number of whose members joined the procession. Dr. Brown was a graduate of Victoria College and has been practicing with marked success in this city for several years. He leaves a large circle of acquaintances to mourn his untimely loss.

In London, Ont., John T. Farrell, M. D., on the 22nd of February, of enteritis, after a short, but severe illness. The deceased was a very promising, and rising member of the profession, and well versed in all the details of medical and surgical practice. He was a graduate of Queen's College, Kingston, and also of the University of New York. He obtained the provincial license in 1861, and practised for some time in Dunnville; but subsequently removed to London, Ont., where he died at an early age, much respected by the profession, and much regretted by a large circle of friends and acquaintances.

MEETING OF THE MEDICAL PROFESSION OF TORONTO.

A meeting of medical men was held, pursuant to notice, at the Mechanics' Institute on Wednesday evening, the 8th ult., at which the following gentlemen were present:—Drs. Allan, Barrett, Beaumont, Bethune, Barrick, Buchan, Canniff, Cassidy, Cooke (England), Fulton, (as reporter for the *Lancet*), Geikie, Hodder, Lawlor, Lizars, Malloch, Mullin, McFarlane, Oldright, Ross, Reeve, Roseburgh, Thorburn, Wright, H. H., Wright, G., and some others.

Dr. Beaumont was called to the chair, and briefly explained the objects of the meeting.

The following resolutions were then moved by various gentlemen present:—

1st. That this meeting is of opinion that the medical profession should always be consulted in matters which are made the subject of medical legislation. And this we believe to be for the interest of the public, as well as of ourselves, inasmuch as everything which tends to the advancement of the profession will always benefit the public at large.—Carried.

2nd. That in view of the existing state of medical affairs in the Province of Ontario, we believe it to be the duty of every medical man to use his influence with candidates for parliamentary honours during the present crisis, so as to effect an improvement in medical legislation.—Carried.

3rd. That we will not support any candidate who will not agree to modify the law under which the profession of Ontario is at present incorporated, at least so far as to bring its Council and Examining Board into conformity with the provisions of the contemplated Medical Act for the Dominion of Canada.—Carried.

4th. That we further urge upon medical men the desirability of requesting candidates to advocate a repeal of the Ontario Medical Act, which unites us with persons known as Homœopaths and Eclectics. Carried on a division.

A committee was then appointed to give effect to these resolutions, and to report at a future meeting.

TORONTO HOSPITAL REPORTS.

SERVICE OF DR. CANNIFF.

(Reported by Mr. J. T. Abbott, Clinical Clerk.)

DISLOCATION OF HEAD OF RADIUS BACKWARDS.

Wm. M., aged 25, native of England, admitted December 7th, 1870. This interesting case had been seen before admission, by a physician, and as the symptoms were somewhat obscure, a diagnosis had not been made; but it was surmised that a fracture of the olecranon process had taken place. After deliberate examination of the arm, there was no difficulty in arriving at the conclusion that the injury was an instance of the unfrequent dislocation of the head of the radius backwards. Subsequently, upon examining Hamilton on this form of dislocation, it was found that the symptoms of the case in hand were such as described by him. Hamilton questions whether this injury so often occurs as has been recorded, although the number is not great. In this case, reduction of the dislocation and the speedy recovery of the patient, supports the accuracy of the symptoms which were present. But, unquestionably, the anatomical construction of the parts precludes an easy displacement of the radius backwards.

There was some uncertainty as to the cause of the accident, as the man was intoxicated at the time he sustained the injury;

but, so far as could be gathered, he had, when in the act of falling, seized hold of something to save himself. By this means the arm had probably been much twisted, while the muscles were in a state of comparative relaxation from alcohol.

An attempt was made to reduce by flexion, as well as by extension, at the same time pressing the head of the bone. Failing in this, the patient received chloroform, after which reduction was easily effected. The arm was placed in a sling. Three days after, upon examination, the arm was found well, and could be easily moved in any direction.

DISLOCATION INTO THE AXILLA, LEFT SIDE.

James S., aged 50, native of England; occupation, hostler. Fell upon the ice in such a way as to displace the head of the humerus. Dr. Canniff was called in consultation, and administered chloroform, while the dislocation was reduced by Dr. May. The man lived in the country, and it was nearly twenty-four hours after the accident before reduction was made. During that time he had suffered much pain, which was attributed to pressure upon the brachial plexus. The reduction was readily effected.

Three days after (22nd January, 1871,) he was admitted into the Hospital, when it was found that there was partial paralysis of the arm, from the injury sustained by the brachial plexus; the ulnar nerve being less affected than the others derived from that plexus. By friction and use, with tinct. nux vom., and latterly the battery, the man is slowly regaining the use of the arm.

DISLOCATION OF HUMERUS—THREE MONTHS' DURATION—UNSUCCESSFUL ATTEMPT AT REDUCTION.

Ellen F., aged 48, native of England; admitted 19th Dec., 1870. This was a stout woman, with a good deal of tissue overlying the parts involved in the dislocation. But the head of the bone could be felt anterior to the coracoid process. Several attempts were made to reduce, but without entirely succeeding. The patient being fully under the influence of chloroform, and assisted by Drs. Bethune, Rowell, Malloch and others, the pullies were applied, and continued as long and with as much force as dare be used. The first operation had the effect of bringing the head of the bone into close relationship with the glenoid cavity. Although the subsequent efforts to completely reduce failed, the patient has received much benefit. When admitted, she had no use of the arm; but now she can bring the hand to the top of the head. Passive motion was kept up, and she has been instructed to use the limb, with this result. The obstacle to the reduction which has not been overcome, may not be fully determined. The adhesions seemed to be entirely broken up at the time of operation; the action of the muscles was overcome by the chloroform and the extension. Probably the capsular ligament had been ruptured, so as to permit the head to slip through, which was then caught as a button in a button-hole.

TWO CASES OF DISLOCATION IN THE AXILLA—EXTERNE PATIENTS.

Both men of middle age. The first, who was brought by Dr. Fisher, of Toronto, was a strong muscular man, and he had to be fully etherized before the reduction was effected, which was done by placing the heel in the axilla, and extension being made by assistants. The second case was easily reduced, without chloroform, in the same manner as the first.

FRACTURE OF THE SHAFT OF THE RIGHT FEMUR AND LEFT FIBULA.

Thomas H., aged 28, Canada, admitted June 21, 1871. While engaged in superintending the razing of an old brick building, the chimney fell upon him, almost burying him beneath the bricks. But fortunately a ladder had fallen upon him in such a way as to protect his body from fatal injury. He received several bruises and a fracture of the fibula; but the main injury was the fracture of the femur a little below the middle. The fracture was slightly oblique from before backward. He was conveyed to the hospital, and a few hours later the limb was put up. A long splint from the axilla would have been preferred, but one so long not being immediately available, a shorter one, extending, however, from about five inches above the crest of the ilium was employed. A great object secured by the long splint is the fixture, so to speak, of the body and the fractured limb, thereby preventing motion. Extension was made by means of adhesive straps applied to either side of the leg from the knee, and sufficiently long to be passed through a foot-board attached to the straight splint, and tied. The counter extension was effected by a perineal bandage fastened to the upper end of the splint. Three short splints were applied to the thigh, one in front, one behind, and one at the inner side. When the whole was adjusted it was found that the limb, compared with its fellow, was in a natural position. The following day found the man comfortable and the limb in good condition. Subsequently, in consequence of excoriation at the perinæum, a pully and weight at the foot was substituted for perineal bandage. The foot of the bed was raised to the extent of eight inches, and the upper end of the long splint was attached to the body by bandage. No untoward symptom presented itself, and at the end of six weeks the splints were removed. Provisional callus upon the posterior aspect of the bone was found to be abundant, but the limb was natural in its general appearance. A starch bandage was applied and the patient removed to his home. He has been seen since that time, and now, on the 20th of March he is able to get about on crutches. The limb is looking well.

The fracture of the fibula did not require much attention. By pressure behind, the fragments were brought into place, and the leg was made comfortable by an elevated position.

CASE OF FRACTURE OF THE NECK OF THE FEMUR—INTRA–CAPSULAR.

Peter R., aged 67, native of Ireland, admitted 10th of Feb. 1871. A feeble bodied man met with an accident a fortnight before admission, by falling heavily upon the ground striking upon the nates. The perinæum was much bruised and diffused inflammation followed. Abscesses formed and discharge continues. He was entirely helpless, not being able to move the left leg. Upon examination, the principal deformity was found to consist in shortening of the limb to the extent of an inch and a half. Crepitus could be felt upon flexing the thigh. The limb was placed in a comfortable position on the double inclined plane. A few days after it was noticed that the limb had become shortened to the extent of three inches, and that the trochanter major was prominent and much higher up than natural. A pully and weight was attached to the limb, but the patient was unable to bear the confinement. The limb was then placed in a McIntyre splint and made fast. This degree of confinement the patient has been able to endure.

It is no uncommon thing for the shortening, which is limited at first, in intra-capsular fracture to become greater from the stretching of the capsular ligament. Of course when the fracture is completely within the ligament, the hope of ossific union must be limited, but in this case it is hoped that the fracture is oblique and that a portion of the upper fragment is attached to the capsular ligament so as to obtain a better arterial supply.

Selected Articles.

LOBULATED INTRA-UTERINE FIBROID TUMOR SUCCESSFULLY REMOVED.

BY WILLIAM SYMINGTON BROWN, STONEHAM, MASS.

(Communicated to the Society, and read Oct. 4, 1870.)

Mrs. S—— B——, thirty-six years of age, married, and the mother of two children, the younger of whom was born eleven years ago, was brought to my office for examination on the 19th of last July.

Appearance anæmic; much debilitated; stomach irritable, with scarcely any appetite, and frequent nausea. During the last nine years she has been subject to copious hemorrhages, aggravated at the menstrual periods, for which she has been attended by several physicians, without much benefit.

On examination, *per vaginam*, the uterus was found considerably enlarged; the sound passed four and one-half inches. She was told that it would be necessary to dilate the womb, in order to ascertain the precise nature of her disease; and, for greater convenience of access, she took up her residence with a married sister in the adjoining town of Wakefield.

A sponge tent was readily inserted on Thursday, July 21st, allowed to remain five hours, and a second tent inserted, which was removed next morning. On account of the extreme heat of the weather, and the near approach of her menstrual flow, nothing more was attempted till Friday, July 29th, when a third tent was inserted, removed after five hours, and replaced by an extra large sponge tent, which was allowed to remain over night. On its removal, the presence of a lobulated fibrous tumor, attached to the body of the uterus, and especially to the posterior wall and fundus, could be distinctly felt.

The patient and her husband were informed of the state of affairs, and a consultation recommended, to which they cheerfully consented. Dr. H. R. Storer, of Boston, was consulted, and agreed to visit and operate, if thought advisable, on the following Tuesday (August 2nd). He was unfortunately prevented from attending by personal sickness. Dr. Sullivan, of Malden, Drs. Stevens and Brown of Stoneham, and Dr. Abbott, of Wakefield, were present. The patient was fully etherized; a sponge tent, which had been put in on the preceding evening, removed, and a portion of the attachment broken up by the fingers and scissors. Several attempts were then made to pass the chain of an ecraseur around the base of the tumor, but, on account of the narrow space and the firmest part of attachment being at the fundus, without success. The patient had now been three hours on the table, during which time she occasionally required strong stimulants, and although very little blood had been lost (less than two ounces), a majority of the surgeons present were of opinion that it would not be advisable to proceed with the operation that day. To have done so would have necessitated slitting up the cervix on both sides, a step sometimes followed by profuse hemorrhage; and the patient could not afford to lose much more blood.

She rallied well, and passed a good night.

A week later, Tuesday, Aug. 9th, at eleven o'clock a.m., the patient was again etherized, in the presence of Drs. Storer, Sullivan, Abbott and Brown. The cervix was thoroughly dilated by means of a rubber bag, filled with water, but it soon contracted again. The cervix was then partially incised by Dr. Storer, and an unsuccessful attempt made to pass the chain of an ecraseur around the tumor.

At this stage, Dr. Cutter, of Woburn, arrived, and also made a similarly unsuccessful attempt to pass the chain. He had fortunately brought with him a new instrument, capable of being attached to the large ecraseur, for operating in deep cavities. It consists of a flattened brass tube, eight inches long, three and one-sixteenth inches broad, and one-sixteenth inch thick. The tube is soldered to a round nut, which screws on to the socket, into which the branches also fit. Annealed iron wire is employed as the cutting agent. The tube was bent so as to form the arc of a circle with a radius of six inches. An oval loop of wire was formed, one and one-half inches long and one inch short diameter, and passsed into the uterus by the side of the growth; the loop was then expanded and passed over the tumor with the aid of the tube, finger, and a blunt-ended sponge-holder. Traction was made, the finger following the wire, until the section was completed.

After the tumor had been thus detached, it could not be removed from the uterus, on account of its bulk, being nearly as large as the fist, until cut into three pieces by Dr. Cutter's apparatus. Even then it was with great difficulty and the application of much force, that Dr. Storer finally succeeded in "delivering" the two larger sections.

During this operation, which lasted fully three hours, stimulants were occasionally administered; but she rallied from the anæsthetic (Squibbs' ether) even better than on the previous trial. The urine was drawn off by catheter at five and eight o'clock p.m.; at eleven p.m.

she passed water voluntarily; nor did the catheter require to be used again. No untoward symptoms of any importance occurred during recovery. Her appetite gradually improved; and within two weeks after the operation she was able to be moved to her mother's house in Lynnfield (a distance of three miles), for convenience of nursing; and in less than four weeks later returned to her own house in Peabody.

The after-treatment was exceedingly simply. Washes of weak carbolic acid (five grains to the pint of water), alternating with the solution of permanganate of potass, were employed to remove discharges from the vagina, the odor from which was never very offensive. Iodized olive oil was used externally over the chest; and syrup of the hypophosphites of lime and soda given internally.

About five weeks after the operation the menstrual flow set in, and lasted nearly five days. The uterus, which had been much prolapsed, has returned to its normal position, and the incisions in the cervix have healed.

In several respects, this case is remarkable. Prof. Klob, of Vienna, says that the lobulated variety of fibroid polypus is rare. But the principal interest centres round the method employed for the first time in this case to detach the growth. When operations are necessarily conducted in narrow cavities, it is of the highest importance to have the instruments as small as possible. That Dr. Cutter's flattened tube possesses the advantages of compactness combined with the requisite strength, was clearly shown in this case by the successful result. Most surgeons who have used Chassaignac's ecraseur will admit that the "kinks" or knots formed by the chain are annoying to the operator, and often foil him in effecting his purpose. To obviate this very difficulty, Dr. J. Marion Sims invented a complicated addition to the ecraseur, called a porte-chaine, which in other hands has failed, and is now laid aside as impracticable. This little instrument of Dr. Cutter's, originally intended for operations in the throat, answers so admirably for certain uterine tumors that it seems impossible to simplify it further.

It may be added that the rapid recovery, uncomplicated with bad symptoms, was greatly helped by the cheerful courage of the patient herself, and the careful nursing of an intelligent mother.—*Gynæcological Journal.*

BOOK NOTICES.

Medical and Surgical Reports, Boston City Hospital. Edited by J. Nelson Dorland, M.D., and David W. Cheever. Published by Little, Brown & Co.

This volume contains upwards of 600 pages of reading matter, and several illustrations of excisions, skin diseases, &c. It presents a large amount of valuable statistical information in reference to the diseases treated in this hospital, covering a period of five years, such as pneumonia, acute rheumatism, typhus and typhoid fevers.

In looking over the article on Excision of Joints, we find that the elbow was excised ten times—for caries, four times; and for compound fractures, six times. The ratio of mortality was twenty per cent.; but a very marked difference exists in favor of excision for disease. Of these none died; while of traumatic excisions one-third were fatal, and one-half of them required amputation subsequent to excision. The unsuccessful cases were, however, complicated with sloughing and delirium tremens.

The wrist was excised once for caries. All the bones were removed, except the trapezium. The case did very well, but the patient ultimately died of urœmia.

The hip-joint was excised eleven times—nine children and two adults; seven survived, and four died, including both adults. The operation of excision is rarely ever successful, if performed after puberty.

In the article on Pneumonia, it appears that 190 cases were treated in the last five years. The greater portion of these cases were treated by the plan set forth by Dr. Bennett: milk and beef tea, with wine whey, to the extent of from six to twelve ounces of sherry wine daily. External applications have been used in many cases, by enveloping the part affected by a "jacket poultice" of flax-seed meal, and kept warm. The results were as follows: of the 107 uncomplicated cases, 95 were discharged well, 2 relieved, and 10 died, or one to every 10 and 1-7th cases.

300 cases of acute rheumatism were treated; of these 125 were under purely alkaline treatment, and 18 of these developed cardiac diseases of the heart during their stay at the hospital, 13 endocardial, and 5 pericardial. The average stay at the hospital of those under alkaline treatment was 24 days; from this, one week may be deducted for the period of convalescence.

175 cases were treated by the non-alkaline plan, such as colchicum, opium, syrup of lime, blisters, &c.; of these, 18 showed symptoms of cardiac disease, and the average stay in the hospital was 35 days, from which one week may also be deducted. These figures seem to favor the plan of Dr. Fuller.

We commend an attentive perusal of this volume to our professional brethren.

How to Make Money.—Send to the American Publishing Company, Rutland, Vt., for their beautiful Specimen Book, and make ten dollars the first day you show the book. Read their advertisement in another column, concerning the Parlor Album, and you will get full particulars.

The Parlor Album contains more beautiful embellishments than any other work extant. The Specimen Book is sent free on receipt of postage.

WINES FOR MEDICAL USE.

It is a fact not generally known that in order to ensure a good wholesome wine, it is not necessary to pay an exorbitant price, and it is equally true that it is most difficult to obtain any wine without adulteration or admixture of spirits, either of which is prejudicial to its medicinal effect.

The establishment of Quetton St. George & Co. was opened in Toronto, in June, 1869, to meet this difficulty, and to supply wines which can be warranted absolutely pure, at prices approximating as near as possible to their cost at the place of growth.

The senior partner, Mr. St. George, a gentleman well known in Canada, where he has resided for many years, had been in the habit of importing for himself and for some of his friends the wine of his own vineyards of Leugaran, near Montpelier, in the South of France, and other light wines of Languedoc. Finding how highly these wines were appreciated and the desire that was shewn to obtain a larger supply, he determined upon going extensively into the business, for which his large family connection in the principal wine growing districts of France and Spain, and his intimate local knowledge of those countries and their products, gave him special facilities. He has made arrangements in a number of choice vineyards for the shipment of wines, which are sent to his firm in Toronto, thus saving heavy expenses on the other side, and ensuring their arrival without adulteration, and at extremely moderate prices, owing to the small cost of the wine at the vineyards and the saving of intermediate profits and charges.

Quetton St. George & Co. would especially call attention to the wines of Roussillon, which possess the tonic and astringent qualities of the Oporto wines, without the adulteration which has become so generally practised in that district, as to make "Port" the designation of a compound which is far removed from being the pure juice of the grape. The Roussillon ports range in price from one dollar per gallon upwards.

The Alicante also is very delicious in flavor and has been largely recommended by their medical friends.

They have also a great variety of Sherries, including some of the finest brands in Spain; and in addition to the foregoing and other descriptions of French and Spanish growth, they import German, Sicilian and Madeira wines.

Owing to the difficulty of procuring a genuine Brandy, which can be relied upon as being pure grape spirit, they have imported, especially for medical use, a white brandy of Languedoc, distilled from wines selected by Mr. St. George himself for the purpose, and which they can therefore recommend with confidence to the faculty.

For prices and full particulars, they refer to their printed circular, which will be sent free by post to any desired address.

QUETTON ST. GEORGE & CO.,
Wine Merchants, 34 King Street East,
Toronto.

THE

CANADA LANCET,

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Original Communications.

CHLORAL HYDRATE.

BY D. L. WALMSLEY, M.D., ELMIRA.

Much of late has been written about the good effects of Chloral Hydrate, and as a case bearing evidence of its good results came under my care lately I think its publication may prove of some value to the profession, and I trust any brother in perusing my statements of the case,

> "In viewing with a critic's eye,
> Will pass all imperfections by."

I give the facts from memory.

Mary R——, West Montrose, Ont., a native of England, aged 27, subject to epileptic fits since a child of 3½ years of age with the exception of an interval of two years between ten and twelve, since which time the fits have increased in severity and frequency. At sixteen months of age she fell down stairs lighting on her head.

After the intermitting period she complained of pain in the head, and about six years ago the right side of her face became paralyzed; and three years later she lost all power of speech. The mother does not recollect of any of the relatives on either side being similarly affected, insane, or scrofulous. Fatuity began in this case about nine years since, and for the last five years she has been perfectly insane. Sometimes very wild, requiring a constant attendant.

The number of severe fits during 1870 was 141.

The catamenia commenced at the age of sixteen, always regular but scanty.

On the 30th of November 1870, I was called in to see her for the first time, the messenger stating that they thought she had broken an arm in falling while in a fit. On my arrival I found she really had broken the left arm at the junction of the middle with the lower third, both bones, the hand being bent back upon the arm at nearly right angles. I reduced the fracture and while putting it up according to the usual practice learned the previous history of the case from the mother.

I saw at a glance that my reputation as a surgeon was in danger, as during each fit the ends of the bones would be dislodged by muscular contraction; that if union took place I feared that anchylosis and deformity would be the result, and that no allowance would be made by the friends for the unusual difficulties of the case.

The mother told me she had tried everything she could get to control the fits and excitement, but to no purpose. I felt my position to be a critical one and resolved to try chloral hydrate; but an obstacle presented itself in the shape of heart disease; I determined, however, to try small doses and watch the effects. I left the patient for a short time, and on returning I found the girl had a fit during my absence, and on undoing the arm found the bones displaced. I again reduced the fracture and administered the chloral in 15 gr. doses every six hours, and on my return the next day, (Dec. 1st.,) I found she had rested well and had no return of the fits since. Dec. 2nd, I visited her again and found her very quiet; had no fits since last I saw her. As she was so very quiet I ordered them to discontinue the chloral hydrate until some symptoms of fits or wildness came on; but on the slightest signs to administer the dose again. She went to sleep and on waking had a slight fit before her mother had time to see any change in her appearance.

The remedy was again resorted to and followed by the former results. This was the 3rd day of the trial of the remedy and the mother was in ecstasies about the good effects of the medicine and the probable cure of her daughter, but the latter I could not warrant her and told her not to hope for too much. I now removed the splints and put the arm up in a starch bandage. I found the bones slightly displaced on removing the splints, and in putting it up I took the precaution of bandaging the arm from the ends of the fingers to midway between the elbow and shoulder, by so doing I expected in case of any more fits to partially overcome or counteract muscular contraction, I also placed straight splints on either side of the arm and secured them by dry bandages which I did not remove until the starch bandage was quite dry. At the end of six weeks all dressings were removed and the bones found to be securely united and allowing of the usual amount of pronation and supination. Notwithstanding the precaution of putting the arm up so securely, the ends of the bones became slightly displaced by muscular action during the spasms, and as a result there was more or less irregularity at the point of union; and also, some impeded action of the extensor muscles of the thumb, probably from adhesions.

During the most of the above time the patient took the chloral hydrate, and with the exception of comparatively light spasms, it controlled both the fits and the insanity, in fact she has not been wild since taking it. Seeing the good results up to this date (20th Jan., 1871,) I determined to push the remedy still further, and when given regularly it has had the effect of keeping down the fits and producing a partial return to reason and speech. The sister of the girl called at my office yesterday, (Feb. 20th,) with the empty bottle to be refilled, for, said she, "my sister is actually talking and reasoning with us, a thing she has not done for years before."

Dose night and morning 7 grs.

I have been induced to report this case as one bearing testimony to the efficiency of chloral hydrate, in nervous affections.

REPORT OF CASES OF SPONTANEOUS AMPUTATION.

BY THOS. R. DUPUIS, M.D., ODESSA, ONT.

Such reports as these should be interesting, inasmuch as they show that occurrences so rare are occasionally taking place amongst us, and also refresh our memories with the fact that unaided nature sometimes effects the most marvellous cures. Two cases have come under my notice inside of the last seven years, which I shall briefly describe.

Case I. A woman, aged about 62 years, married, and the mother of a large family; had worked hard; eaten plenty of coarse food, and had been generally healthy, was attacked in the spring of 1864 with chronic gangrene, commencing in one of the small toes.

She had been attended by another physician for about a month, when I first saw her. I found all the smaller toes of the affected foot, hard, shrivelled, and black; the great toe and foot, up to a line drawn from the heel over the instep, and passing around just beneath the malleoli, dead, partially denuded of cuticle, still moist, but becoming dry and hard, and emitting a very offensive odor.

The low inflammatory process that heralded the mortification, was extending slowly and steadily upwards, and accompanied by the most excruciating pain. Restorative treatment with a free administration of opiates, poultices of various kinds, water dressing, stimulating and sedative applications were severally resorted to, without arresting the advance of the disease until it extended to about the middle of the leg.

Here the line of demarcation formed, and the work of separation began, when the pain almost entirely subsided and the patients general health began to improve.

This was about eight weeks from the time I first saw her. All entreaties and persuasions of friends were in vain to procure an amputation; she looked for nothing but death, and intended to die by the disease. But instead of dying her general health improved slowly; the dead flesh completely separated from the living, and fell from the bones, leaving them bare and black from the line of separation to the ankle-joint; and the foot became dry and hard. The stump, or the tissue that formed the stump afterwards, had healed down to the bones, and these were being cut off as fast as possible by nature's process, when my patient in a paroxysm of hysterical convulsions suddenly completed the separation by breaking off both bones close up to the line of separation. From this time recovery was rapid; a few weeks after some fragments of dead bone were thrown off, and the stump was soon completely healed over. All this occupied five months from the time I first saw her (about six from the beginning of the malady) and left her a healthy woman, minus her leg, which was removed about midway between the knee and ankle.

She lived comfortably for about two years after this occurrence: and then succumbed to dropsy from disease of the heart.

Case II. A fœtus *in utero*. The mother who was a healthy woman, whom I had attended about two years previously in the delivery of a healthy child, was again seized with labour pains. There was a head presentation in the first position, the labour was wholly natural, completed in about six hours from the commencement, and the result was a fine boy, perfect in all respects excepting one leg. This had been amputated below the knee at the junction of the upper with the middle third, and the stump so completely healed over that it presented an appearance more like the extremity of the heel than an amputated stump; scarcely a cicatrix being visible. This was her third child, and the only one deformed, of the five which she has had up to the present time.

Nothing abnormal connected with the cord or placenta could be discovered; no injury, sickness, grief, or fright to the mother could be assigned as a probable cause for the accident.

It may have been the result of "being wound by the cord," or of being encircled by a "band of organized lymph," or a "prolongation from the egg membrane," which became twisted into a ligature about it, as held by different authors. Certainly it was done at an early stage of intra-uterine existence, and by some cause that did not interfere in any way with general developement.

These two cases, although entirely different in circumstances, may still be classed under one general head, as having produced a like result on the individual concerned, and as having been effected by the same proximate cause — the conservative power of life.

Should this brief notice interest any of my professional brethren, I shall be amply repaid for making it public in the columns of the "*Lancet.*"

Odessa, April 1, 1871.

MEDICAL SOCIETY FOR MUTUAL IMPROVEMENT.

St. Catharines, Tuesday, Feb. 28th, 1871.

The chairman, Dr. T. Mack, after alluding to the prevalence of a fatal type of scarlet fever at Hamilton, recommended a consideration of the nature and treatment of this formidable disease to the society. It seemed to be eminently a zymotic disease and some strange facts as to the length of time infection may be communicated have fallen under the notice of many medical men. Milk has been suggested as a vehicle for the propagation of infection from its well known property of absorbing the vapours surrounding the spot it is kept in. Decomposing blood and offal, the refuse of slaughter houses, frequently lead to its production and a severe form of scarlet fever especially effects butchers and slaughtermen, according to Dr. Carpenter, of England. Dr. Mack had known a singular case where a clergyman having died of the disease and his furniture having been sold, a lady who, during her confinement lay upon the same bed, more than a year after, on which he had died, contracted the disease, and died at a time when scarlet fever was not prevalent, and the disease, strange to say, was not contracted by any one else. This, if a coincidence is a remarkable one. The great fatality of this disease rendered it especially important in epidemiology. In 1863 and 1864 it destroyed in England alone, more than 60,000, and although it is sometimes very mild, yet the deaths are put at one in twelve cases of all types.

The congestive form of the disease is extremely formidable; the following is a fair sample: A negro lad, aged 17, complained of prostration, difficulty of breathing, anxiety, restlessness and the usual group of grave symptoms attending a severe form of congestive fever, the throat and fauces were of a livid red colour, tongue red with elevated papillæ, skin very hot and dry at first, soon became cold and shrunken. All treatment proved unavailing and he expired about eighteen hours after the accession of the disease. An epidemic of scarlet fever was prevalent in the neighborhood. Upon *post mortem* examination the capillaries of the entire mucous membrane wherever exposed were found intensely injected with dark blood, the venous system generally was distended with very fluid blood, and all the parenchymatous organs were filled with dark blood resembling the state of the large abdominal veins.

The rules for guidance in warding off the disease, re-published in the "*Canada Lancet*," were admirable and in the event of an invasion of the epidemic here, should be slightly altered to suit the locality, and published in handbill-form at the expense of the town council for general distribution.

The chairman finally suggested that at the next meeting of the society some of the members should communicate such a system of treatment as their own experience had led them to adopt, and which they could recommend to their *confrêres.*

Dr. Sullivan asked if any satisfactory theory had ever been offered explanatory of the remarkable election of the mucous membrane of the fauces and the tonsils as the seat of inflammation pathognomonic of this disease.

Dr. Goodman said that the mucous membrane lining the digestive tract was involved prior to the invasion of the skin, and to quite as great an extent, and that as the disease was ushered in almost invariably with vomiting, and sometimes with diarrhœa, he did not approve of the administration of purgatives after the developement of the symptoms.

He had been in the habit, however, for several years past of giving a mercurial and saline purge to those who had been exposed to contagion, but in whom the disease had not yet manifested itself, and, in all cases so treated, when the malady supervened it assumed a type milder than that of the prevailing epidemic, and the patient invariably did well.

The Dr. treated the disease in the earlier stages in the following manner:—He administered a mixture containing liq. ammon acetatis; sp. etheris. nit., and chlorate of potash, and had the body of the patient thoroughly anointed with sweet oil, or what is perhaps better a rind of *bacon*. Apropos of the bacon—the Dr. said that he had been informed by a gentleman from Virginia, that it had been the custom for generations back to anoint the children of whites and blacks, when afflicted with scarlatina, with fat bacon, and that the rate of mortality from the disease was very low in the cases of those thus anointed. The Dr. highly approved of sponging the body with tepid whiskey and water, when the temperature of the surface was high and the skin dry; as it seemed to reduce the pulse, abate the fever, relieve the distressing irritability and restlessness, and, not infrequently induce sleep.

If the eruption did not appear satisfactorily, the Dr. favored the hot air bath, or the hot vapour bath, and the administration of stimulants. As an application to the ulcerated fauces, he spoke highly of the benefit he had observed to follow the frequent application of a strong solution of permanganate of potash, one dram to one oz. of water; it not only removed the fœtor and diminished the danger of *sépticæmia*, but induced a healthy action and tendency to cicatrization in the ulcers themselves. He recommended the solution of permanganate of potash as an admirable application in nursing sore mouth, and, indeed, in all forms of ulcerative *stomatitis*. He combated the extreme restlessness and *insomnia*, which sometimes accompanied the affection, by the administration of *pulv. ipecac. co.*, whenever the tepid spongings failed in procuring sleep; but, in any future case, should be inclined to give the preference to the *hydrate* of *chloral* as less objectionable in view of uræmic complications. In practice, however, he had observed no ill effects to follow the administration of *Dovers powder*; on the contrary, a marked change for the better had often followed its exhibition. As soon as a tonic was indicated the Dr. was in the habit of giving decoction of *cinchona flava*, containing 5 grs. of chlorate of potash to each dose; finding that bark agreed better with the stomach than quinine, and that it does not produce the headache, which occasionally results from the administration of the latter drug. In conclusion, the Dr. stated that in his opinion the sulpho-carbolates of soda, potash, or magnesia, would be found to exert a beneficial influence in the treatment of all the forms of scarlatina.

Tuesday, March 14th, 1871.

Dr. Sullivan said that scarlet fever, like the rest of the exanthemata running a definite course and usually of an epidemic character, is therefore neither curable, nor can any regular form of treatment be followed, as so much depends upon the constitution of the individual, the character of the epidemic, and the complications which exist. I would suggest, that instead of following a routine of treatment or the puzzling subdivision of nosologists, that every case, no matter how simple, should be carefully watched and the tendency to this or that form of death obviated. If the epidemic was of an inflammatory type, with high fever, furred tongue, with scanty and deep red urine, he would give an emetic even if vomiting had taken place, then a purgative of calomel, rhubarb, and soda bicarb. His reason for giving calomel is that it has been recommended as a prophylactic, by several german authorities, the rhubarb as most suitable to the state of stomach, and the soda to correct the acid and scanty condition of the urine. He would also give a diaphoretic mixture, with warm or vapour baths, tepid spongings, a well ventilated and warm room; if in winter, a pot of warm water placed on the stove will give the necessary humidity to the air, the application of a flannel pad wrung out of hot water to the throat, followed by a linament of camphorated oil and turpentine. He would prefer the hydrochloric or nitric acids mixed as Dr. West recommended, with honey. Ice, as recommended by Dr. Jackson, and finally greasing the skin with fat of bacon, as recommended by Schneimann, of Hanover. In the typhoid or malignant form, he would give the treatment for typhoid fever, a gentle laxative and an early resort to stimulants and tonics, usually pot. chlor., in infusion of cinchona, or Dr. Watson's prescription of pot. chlor. in hydrochloric acid, with a view to supporting the restorative powers of nature, and by its arterializing power, arresting the low form of ulceration; or the chlorate may be combined with carbonate of ammonia. As a stimulant, port wine or brandy, broths or beef tea, and no milk, unless an infant at the breast. To produce active diaphoreses he would advise the application of hot bottles, as recommended by Dr. Andrew Wood, also the muriate of ammonia, as recommended by Dr, Witt, as a specific, which he states acts by retarding the coagulability of the blood and nitrate of potash, in full doses in mucilage. In the hæmaturia following he would try the benzoic acid, after active purgation with croton oil and an early use of the tinct. ferri. mur.

Dr. Comfort bore favourable testimony to cold sponging when the eruption was fully established and febrile heat was severe. In an epidemic he had seen benefit from small doses of nitrate of potash, which kept the kidneys active. In the congestive forms he bore favourable testimony to the free use of stimulants and the hot air bath.

Dr. Mack described his programme of treatment to be, according to the nature of the case; free use of sulpho-carbolate of soda internally; local applications by mop, gargle, or atomization of the sulpho-carbolate of zinc, with the application of powdered ice in a net bag, dipped in weak carbolic lotion for short periods, at intervals, to the tonsils. Lactate of iron dissolved and mixed with whey, so that a quantity of iron proportioned to the age should be taken in the course of the day, in small quantity, largely diluted and at short intervals. Inunction of fat by means of the rind of pork as at first recommended. In recommending these remedial expedients, Dr. Mack purposely left the indications for their employment to the judgment of the practitioner, and fully recognised the possibility of verifying the great Sydenham's allegation, that scarlatina is simply fatal "only through the officiousness of the doctor." An abundant supply of fresh air was of the greatest importance, tepid affusion, or in some instances when arterial action and heat of skin ran high, cold affusion or immersion for one minute in a cold bath followed by being wrapped in warm bedclothes, or when internal inflammations were threatened, wrapping the patient in a blanket coming out of warm water, encasing him in warm dry blankets and covering with oil cloth or india-rubber, so as to excite the sudatory glands to resume their suppressed functions.

During desquamation quinine is frequently required,acetum colchici is useful in uræmia and nitrate of urea has proved a valuable remedy in combating the dropsical sequelæ.

Dr. Goodman reported the following remarkable case of chorea.

Rhoda O——, was admitted into the St. Catharines General and Marine Hospital, on the 4th of March, 1871, she is a slender delicate looking girl, about nine years of age, and was suffering at the time of her admission from a very violent attack of chorea, with which her friends stated she had been afflicted for upwards of seven months. She was brought from the township of Pelham in the county of Monck.

The patient seemed to have lost all control over the muscles, she could not walk without the assistance of two persons, one on either side, she could not sit in a chair without being tied in it, and could not speak a word. The expression of the patients face was not unpleasing or unintelligent, and there was no indication of cerebro-spinal disease. From the dilatation of the pupil, the red and glazed look of the tongue, the capricious appetite, and the hard and tympanitic condition of the abdomen, he inferred that the irregular and involuntary muscular contractions were due to nervous reflex action, and that the cause of excitation, was eccentric and probably due to the presence of worms in the intestines.

In pursuance of this theory he administered at bed time Hyd. submur. gr. iij, santonine, gr. v., and gave ol ricini and spts. of terebinth, on the following morning. The effect was very satisfactory, the little patient passing a great number of lumbrici, to the manifest relief of the symptoms. In consultation with his collegue, Dr. L. Mack, who concurred in his diagnosis and treatment, it was determined to repeat the anthelmintic. This was done and resulted in the expulsion of a great number of worms, and in the production of great ameloriation of the disease. The little patient can sit alone in the chair, without any kind of restraint, can speak and walk without assistance, her appetite has much improved, and she can feed herself. The anæmia, the diseased condition of the mucous membrane lining the digestive tract and the irritable state of the nervous system, are being combated by iron, chlorate of potash, and bromide of potassium. At the same time an effort is being made to equalize the circulation and reduce calmness and tonicity of the nerves by means of the shower-bath, followed by friction over the surface of the body. The diet given is light and nutritious, but no milk is allowed as the Dr. has observed that entozoa very commonly infest the intestines of persons in whom milk forms the principle article of diet. In this way perhaps we may account for the circumstances, that the children of the poor in the rural districts are more troubled with worms, than the offspring of those in better circumstance, or who reside in cities or towns, as milk and salt pork bear a greater relative proportion to the whole amount of food used in the former case than in the latter. He hoped at the next meeting of the society to report the little patient as being quite recovered from her distressing malady. His object in alluding to the case is to direct attention to the presence of worms in the intestines as being a not unfrequent cause of the reflex nervous action, which manifests itself in the irregular and involuntary muscular movements which characterize chorea.

SHOULDER PRESENTATION.

BY GEORGE WRIGHT, A. M., M.B., TORONTO.

The following somewhat unusual case, from its still more unusual issue, may not be without some degree of interest to the readers of the "*Lancet*," and I am therefore induced to communicate it.

I was called on the morning of March 9th, 1870, to attend Mrs. C——, of this city, whom her husband represented as being "in labor and severely ill." On arriving at the house I discovered that the patient had been in labor during most of the night, and that a midwife was in attendance, who informed me the presentation was irregular. I made an examination at once and found the left shoulder presenting and the arm projecting the entire length, and very much swollen. The head was to the right side of the pelvis and looking towards the back of the mother. The pains were frequent and very vigorous, and as the patient had been suffering in this way for at least six hours, I deemed it expedient to fortify myself in case of rupture with additional counsel, and a messenger was immediately dispatched for another physician. During the interval of delay, I determined to try whether or not anything could be done by manipulation to change the relation of the child, and thus secure a speedier termination of the case. Seizing the projecting arm at the shoulder during an interval between the pains, I made strong pressure upwards with the effect of causing the head and arm to recede considerably. When in the act of making a second effort, a strong pain ensued and the breech was delivered. Another pain completed the expulsion of the child, which was dead and had been for some hours. The remainder of the labor terminated without the occurrence of anything unusual and the patient made an excellent recovery, not a solitary unfavorable symptom presenting. This was her seventh confinement, but in none of the rest had there been any irregularity. Indeed, she had never before, but once, called in the services of a physician.

This was a case which I am disposed to think, might have terminated in spontaneous evolution had no assistance been rendered. All the circumstances were favorable to such an issue. The pelvis was large and well formed, the child was dead, and, although arrived at full term, was unusually small, and the pains were vigorous from the time when labor had fully commenced. If so happy a termination of cross-presentations were of more frequent occurrence, the *accoucheur* would be relieved from many an hour of anxious care and feel more encouragement in the arduous and responsible duties of his calling.

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[To the Editor of the Canada Lancet.]

SIR,—Without risking the employment of overstrained metaphor, at the expense of truth, it may safely be averred, that the individual who aspires to surgical distinction has often a hard (even a macadamized road) to travel. It behooves him, therefore, before entering on his arduous progress to furnish himself with a proper pilgrims "staff," lest each step, instead of being a "gradus ad parnassum" may prove a "facilis descensus, &c." Candour and truthfulness might also form useful additions to his "kit," before starting on his precarious journey.

These desultory remarks have been suggested bv the perusal of an article in the "*Canada Lancet*," from the pen of the "Professor of Surgery, Victoria College," "on a case of stone in the bladder."

The particulars of the case, with the fatal result that followed the operation are too well known to require any remarks commensurate with the laboured report of the case referred to. But, inasmuch as graphic illustration sometimes supplies the place of elaborate commentary, permit me to trespass on your good nature by asking you to place upon record the following which occurred some forty years ago when I was a student of Sir William Ferguson, in Edinburgh. At the end of one of his lectures it was announced to the class that Liston was to operate for stone, there was, as usual, a great rush for seats in the front row of the operating theatre. Among the fortunate occupants were myself, and a thorough going milesian fresh from the Emerald isle, who sat beside me, and after watching with intense eagerness each step of the operation, until Liston had extracted the stone (about the size of a pigeon's egg) and exhibited it to the students. "*By japers!*" he exclaimed, "*How the divil could the man have swallowed that stone?*" This was a poser—but had my Hibernian fellow-student been present when the Prof. of Surgery, Victoria College declared that "*the stone (the size of a billiard ball) occupied the prostatic portion of the urethra.*," he might, with fully as much reason have asked "*how it got there?*" and paused, as I do, with bated breath, for a satisfactory reply.

Yours, &c.,

OMICRON.

TORONTO, April 14th, 1871.

(To the Editor of the Canada Lancet.)

SIR;—I beg leave to present the following report of a peculiar case of Eclampsia of the mother and suspended animation of the child, for publication in the *Lancet.* At the present time when there are so many different kinds of treatment for the same disease, it is almost impossible to be very far astray no matter what treatment one may choose to adopt.

My object in reporting the present case is not to advance anything new in treatment; but merely to state the facts which occurred, and the treatment adopted in a case of Eclampsia lately under my care.

I was called to see Mrs. B——, aged 26, robust, had always been healthy; mother of two children. She had been in convulsions for several hours previous to my arrival; the face was flushed and congested; the pulse full and quick; pains very weak; os rigid and unyielding. I tried venesection, removing about 20 ounces of blood, which was very dark colored and flowed with considerable difficulty. This produced no decided effect in relieving the spasms. I then shaved the head and applied iced water, hot bottles to the extremities and mustard poultices to the feet and legs, but as no improvement followed I put the patient under the influence of chloroform and continued its use for some time, all to no purpose. The pains were scarcely perceptible, and the "os" still rigid and undilated.

I had been taught never to interfere with natural labor; but finding the ordinary treatment of no avail, I decided to deliver the patient as soon as possible. I introduced the finger into the "os" and assisted in dilating until I was enabled to introduce my hand to seize hold of the feet, which I brought down, and delivered the patient, with as much rapidity as was consistent with safety.

The child showed no signs of life and was placed aside for the time being and the secundines removed. In about ten minutes I heard a noise,and judge of my astonishment when I found that it proceeded from the child. Attention was now given to the infant which was at once handed to the nurse for proper care and treatment.

The convulsions ceased immediately after delivery, but the patient remained unconscious until the following morning. A blister was applied to the nape of the neck which had the effect of restoring consciousness and she made a rapid recovery. I feel certain that if I had not adopted the course pursued in this instance the woman would have died.

Yours, &c.,

SUBSCRIBER.

Roseneath, July 16, 1871.

(To the Editor of the Lancet.)

DEAR SIR,—I beg leave to offer a few remarks on the supposed therapeutic action of iron.

This is a remedy which is used by all classes of the medical profession most extensively in a variety of forms. Is it of any use as a medicine? I think not. The best Physiologists of the age, have found by experiments, that in all cases iron is excreted in the fæces, which shows that more than the necessary amount is taken up from ordinary food. Some of the best specimens of the genus *homo* in the world are Scotchmen, who work in ditches up to their knees in mud, and live on oatmeal and water which they carry with them. This is very simple food and yet they get all the iron they require from it.

I dare say there are some medical men, who would say I was mad if I were to attempt such an argument with them. Twenty years ago a man would have been looked upon as insane if he had told the doctors that mercury did not act specifically upon the liver. I often think of the saying of a celebrated old "Doctor," that "we have no cholagogues or emmenagogues." In ordinary cases of amenorrhœa the anæmia is the effect of a deranged stomach and not of the absence of iron in the blood, and when doctors administer iron in such cases without attending to the digestion, they mistake the effect for the cause. I do not believe we have any tonics as far as drugs are concerned. Iron I believe always has a tendency to derange a weak stomach. Strychnia I believe acts as a stimulant to the nervous system. Quinine only does good in cases connected with malaria. It is said to have been found by Headland in the blood of rabbits; a very far fetched and incredible theory. Quassia, Gentian, and Calumbo, with strict hygienic measures, I believe to be the best. Good doctors often treat anæmia with iron, but they never forget to order the patient (if possible) a change of air in a healthy locality, suitable exercise, rest from work, good food, thorough ventilation, and perfect cleanliness. The patients recover not from the iron that is given, but from the effect of the hygienic measures and thus nature does more than the doctor. I believe (according to a rough estimation) there are eight or ten grains of iron in the blood of an ordinary sized man and I do not believe there is any more use in the artificial administration of iron than there is in the artificial administration of any other proximate principle (or part of one.) Nature furnishes all of them. Iron (in one particular form) is beneficial in erysipelas, but I believe the good effect depends more upon the hydrochloric acid than upon the iron.

This letter was not orginally intended for publication, but it is at your disposal, it you deem it worthy of a place in the columns of the "Lancet."

G. A. WILLIAMS, M.D.

Chatham, March 19th 1871.

(To the Editor of the Canada Lancet.)

SIR,—I would beg, through your journal, to call the attention of the Medical Council and the profession generally, to the conduct of our present Registrar, Dr. Strange.

It seems impossible in any way to get him to attend to the duties required of one holding his position.

In November last, the profession of this county were about to form a Medical Society, and for their instruction required a copy of the "Medical Register." Accordingly one of the medical gentlemen here wrote to Dr. Strange, enclosing fifty cents, and requesting him to forward immediately, for the use of the Society, a copy of said "Register." But no answer came to our application, and it was only after repeated urging, that, within the last two weeks, the "Register" was forwarded.

About the same month last year, two convictions were obtained against a quack, practising in this neighborhood, and, in accordance with the *wise* provisions of the present Medical Act, the Council's attorney for this county applied to Dr. Strange for instructions to proceed, by civil action, for the recovery of the fines and costs; but although the application was made upwards of three months ago, no instructions have yet arrived, and the quack continues to flourish, while we have to pay the costs of the convictions, and Dr. Strange sits idly neglecting his duties, and pocketing his salary for disgusting the profession, with Medical Council, Medical Act, and all matters connected therewith.

I am, Sir,
Your obedient servant,
A. C. POUSSETTE, M.D.,
President Lambton M. and S. Society.

Sarnia, April 17th, 1871.

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NOTICE.—The firm of William Baldwin & Co., of New York, Advertising Agents and Publishers of the "American Chemist" and the "American Journal of Obstetrics," have removed to new and more centrally located offices in that city. Their address now is "21 Park Row, opposite the Astor House, New York city." The subscription price of the "Journal of Obstetrics and Diseases of Women and Children" is advanced to $5 U. S. currency per annum.

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of every Month.

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.*

TORONTO, MAY 1, 1871.

THE CONTEMPLATED MEDICAL ACT.

We have received a copy of the above Act which was submitted to the Canada Medical Association at its late session in Ottawa, and we find on the last page certain *amendments* adopted by the Association, but as the Act is distributed in its original shape we must suppose there is still a desire to secure its adoption in that form.

For modesty, it is one of the most remarkable documents we have read in a long time.

We know it used to be said that the codfish of the gulf were counted against Upper Canadians in the discussions on Rep. by Pop,—but we did not expect to have that absurdity perpetuated in the constitution of a new Medical Council. We have, in Ontario, a Medical Act, with which we have every reason to be satisfied. It is fast bringing the profession up to that high standard of intelligence and respectability, to which it has long aspired. It has already done a great deal towards eliminating or shutting out from our ranks, a vast horde of illiterate or incompetent persons, who every year reinforced the ranks of quackery and charlatanism. It has materially lessened the numbers entering the regular profession, and now at the close of the second annual examination held by the College of Physicians and Surgeons, we find that *not one* single candidate has entered for examination or registration as an homœopath or eclectic.

In view of these *facts* therefore, it behôves us to guard carefully and support manfully, until it has been sufficiently tried, a measure which is working with so much apparent satisfaction, and we do not believe the profession of Ontario is prepared to sacrifice a Bill, doing so much good, for a Dominion Act which would inflict so much injustice on our western profession and institutions as the "Contemplated Bill."

While our Ontario Act is *falsely* accused of amalgamating the sects and causing a forced association with them, it *most unmistakably* controls the character and education of the men admitted into the profession, and keeps up a broad distinction between the regular members and the irregular.

But this new Bill which is to remove all the evils and stains of an imaginary association with homœopaths and eclectics, produces at one stroke, the most complete amalgamation and miscegenation, it is possible to conceive, for does not clause 2 say that "every member of the profession now holding a license to practice medicine, surgery and midwifery in any of the Provinces of the Dominion of Canada shall be and is hereby made a member of the College of Physicians and Surgeons of the Dominion of Canada"? And does not the "Contemplated Bill" *do away* with *all* distinctions of creed or sect, and thus make all, members of the regular profession?

Now it must be observed that, as many homœopaths and eclectics are licensed practitioners, they must be admitted to registration equally with members of the regular profession, thus securing a more close identification and association, by far, than our Ontario Bill does.

But the extreme modesty of the measure appears to culminate in the fourth clause, where the composition of the general Council is spoken of. There we find the old sentiment of the superiority of the east as strongly asserted as it ever was in the arena of politics, and the machinery for giving tangible expression to the idea, more unblushingly set before the profession for adoption.

We confess ourselves utterly unable to understand by what process the conclusion was arrived at, that the whole four Institutions in Quebec and the two in New Brunswick, (to which representation in the general Council has been accorded), were entitled to one representative *each*, while only one College either in Ontario or Nova Scotia was considered worthy the same honor, all the others being coupled together in pairs, and only allowed to send one representative from each pair.

Certainly we did think the standing of Queen's College, Kingston, or the University of Toronto, would have entitled them to as much consideration, as Bishops' College, Lennoxville, or Fredericton College, N.B., and we can't see why the University of Trinity College, Toronto, and the Toronto School of Medicine should not have a voice in the new Council equal to that accorded the Montreal School of Medicine or Victoria College, nor can we understand why the Royal College of Surgeons, Kingston, and Dalhousie College, Nova Scotia, should have been placed in a position *inferior* to the University of New Brunswick or McGill College.

Further, we think the proportion of representation accorded to the profession is too small as compared with the Schools, and we also think Ontario with its fifteen hundred practitioners will hardly be content with *four* members of Council, or any other number not based proportionately on the numbers to be represented. Although it is true, that certain friends of equality, at the late meeting of the Canada Medical Association, did succeed in carrying an amendment more in conformity with the principles of justice and common sense, yet we submit that the representation of the general profession should not be contingent upon the establishment of new schools from time to time, thus continually disturbing the number and boundaries of the electoral divisions, and preventing the adoption of any fixed principle in the arrangements for the general elections. It were far better to give the general profession a moderately full representation at the start, and then allow the Council to expand or contract from time to time, by the addition of representatives from new Schools, or the withdrawal of those from old ones, as they may cease to exercise medical functions.

The distribution of the "Contemplated Bill" with all its original injustice, even after its condemnation by the Medical Association, appears to indicate a lingering hope that it may yet secure final adoption, in that form; otherwise, we think its promoters would have incorporated in the original text, the amendments (as far as they go) which were adopted by the Association at Ottawa.

In view of these circumstances, we think the friends of our Ontario profession and Institutions, should watch with jealous care, the further progress of this singular measure, and be prepared to render a good account of themselves and their professional fealty at the next meeting of the Canada Medical Association, in the city of Quebec.

CANADIANS IN ENGLAND.

In the January number of the "Lancet," we noticed the name of Arthur Jukes Johnson, M.B., Toronto University, among those who were successful in obtaining the diploma of the Royal College of Surgeons, Eng. The numerous friends of that gentleman will also be glad to learn that he shortly afterwards obtained the appointment of House Surgeon to St. Thomas' Hospital, in which position he will be able to acquire a very extensive and thoroughly practical knowledge of that branch of his profession.

It always gives us pleasure to record the honors awarded to Canadians in the Mother Country, but especially when we know that, personally, the recipients are in every respect worthy of them.

COURTESIES OF THE PRESS.

We received a communication last month from Mr. W. Geo. Beers, Editor of the "Canada Dental Journal," Montreal, requesting us to publish a reply to an article that appeared in the "Canada Medical Journal," from the pen of Mr. Bowker, Dentist, of Montreal. We were obliged, most respectfully, to decline to publish the article in question, in consequence of the pressure of other original matter upon our pages, that had lain over since March; and besides, as the article by Mr. Bowker did not appear in our pages, the reply would not be interesting to our readers. But we feel bound to say that we are astonished at the want of courtesy shown towards Mr. Beers, by the Editors, in refusing to allow his article to appear, in reply to an attack made upon him by Mr. Bowker, through the pages of the "Canada Medical Journal."

BISHOP'S COLLEGE MEDICAL SCHOOL, MONTREAL.

In another page will be found the announcement of the first session of the Medical Faculty of this institution. The following gentlemen, in addition to those mentioned in the April number of the "Lancet," have accepted appointments in the new School:

—Robert Godfrey, M.D., Diseases of Women and Children; J. Baker Edwards, Ph.D., A.M., Chemistry—Theoretical and Practical; John Kennedy, M.D., Anatomy; William Gardner, M.D., Medical Jurisprudence, and J. L. Leprohon, M.D., State Medicine.

This new School opens on the 2nd of October, with a large and well appointed staff of professors, and we cordially wish them all success in their new undertaking.

PROFESSIONAL ETIQUETTE.

Just before going to press we received a communication from Dr. Hodge, of Orono, complaining of a gross breach of etiquette on the part of a fellow-practitioner in his neighborhood.

The facts of the case as related by Dr. Hodge, are as follows: He was attending a case of acute rheumatism which he was treating on the *alkaline* plan with opiates to relieve pain, and the patient was doing very well. His fellow-practitioner, whose name he mentions, was called to see a patient one-and-a-half miles distant from the former patient, and meeting a relative there, he told him that his friend must have been badly treated or he would have been better, by this time, and offered to send some medicine, stating that he could "have him as well as ever in a few days." He also said that he would visit his own patient about noon the next day and that if it was requested he would visit Dr. Hodge's also. No message was left however, and the gentleman was foiled in his efforts to secure the case.

This, if true, is a most glaring breach of professional etiquete, and deserves the severest condemnation; and we feel it our bounden duty to expose such abuses, wherever and whenever they are shown to exist. It must be borne in mind, however, that, in many such cases, there is a good deal of exaggeration and hearsay evidence, which it is not always safe to accept without the closest investigation. We trust, for the honor of the profession in this country, that there are few such cases to be recorded.

COLLEGE OF PHYSICIANS AND SURGEONS, ONTARIO.

MATRICULATION EXAMINATION, APRIL, 1871.

A. Wickson, M.A., LL.D., Examiner, Toronto.
S. Wood, M.A., " Kingston.

The following candidates successfully passed the Matriculation Examination of this College :—

Toronto.—Archibald J. Sinclair, J. T. Moore, Archibald Leitch, Lorenzo D. Haley, Colin McLarty, Edward W. Murphy, John H. Bennett, James M. Kennedy, Allan F. Pringle, Charles McGeorge, John P. Sivewright, Samuel K. Falls, J. M. Mackie, Sydney S. Murray, George M. McDonald, Emily H. Stowe, Jenny K. Trout.

Kingston.—A. M. Gibson, W. Meinaker, E. C. Saunders, G. C. Dowsley, D. H. Dowsley, R. F. Preston, N. A. Powell.

PROFESSIONAL EXAMINATION.

The Professional Examinations, *primary* and *final*, were held in the Convocation Hall, Toronto University, commencing on Tuesday, the 4th of April, and ending on Monday, the 12th. There were 32 candidates for the primary examination. *Two* were rejected in all the branches, *ten* passed a partial examination, and 20 passed the full examination.

51 candidates presented themselves for the final examination, 47 of whom were successful, and are entitled to registration as members of the College. We give their names below :—

Final.—R. A. Alexander, Stoney Creek; Evan Allan, Stratford; Charles Archibald, Yorkville; William S. Black, Barrie; William John Brereton, Bradford; Miles Brown, Winchester; George Buchanan, Rodgerville; Edward L. Cash, Markham; John J. Clement, Streetsville; Henry J. Cole, Brantford; Geo. Hoyle Cowan, Princeton; Robert H. De la Mater, Font Hill; George W. Falkner, Belleville; William Forrest, Mount Albert; John Frazer, Strabane; William H. Graham, Gilford; Abraham Groves, Fergus; Alexander Hamilton, Onondaga; John M. Hart, Wilfred; A. A. Henderson, Ottawa; Nathaniel P. Henning, Tyrrell; William Higginbotham, Bridgewater; Samuel Hudson, Roslin; Charles E. Jakeway, Holland Landing; Thomas G. Johnston, Sarnia; James Lafferty, Perth; William Lang, Keene;

Robert Lawrence, Honeywood; Charles Frederick A. Locke, Barrie; James P. Lovekin, Newcastle; Daniel S. Maccoll, Eagle; John H. Mathieson, Embro; Findlay McEwen, Toronto; Andrew McKay, Woodstock; Angus McKinnon, Ospringe; Charles Y. Moore, Derry West; Henry Moorehouse, Shetland; James Parker, Frankville; John H. Parsons, Yorkville; Charles J. Rattray, Cornwall; Samuel R. Richardson, Highland Creek; James A. Robertson, Shakespeare; Robert A. Stevenson, Cayuga; Alexander Taylor, Whitby; Ádam Vrooman, Vroomanton; Samuel M. Wells, Laskay; Henry P. Wright, Toronto.

Questions for Primary Examination.

ANATOMY—DR. SULLIVAN.

1. How would you expose the fornix cerebri? Describe it.

2. Trace the third division of the fifth nerve from its origin. Give branches, and sum up the parts supplied.

3. Name in order the parts exposed on removing the trapezius muscle.

4. How are the portal and internal jugular veins formed? Give their course and relations to their termination.

5. Describe the iris, membrana tympani, and velum interpositum.

6. Describe the duodenum, its relations and the vessels and nerves which supply it.

7. Expose the plantar arch.

PHYSIOLOGY—DR. COVERNTON.

1. What are the conditions for the perception of taste? What nerves exercise the special sense? Describe their origin and distribution, and give a brief account of supposed mechanism.

2. Describe the auditory apparatus, origin and distribution of terminal filaments of auditory nerve; also functions of external and middle ear and labyrinth.

3. Give the origin, distribution, function and inter-relations of great sympathetic with cerebro-spinal nerves.

4. What are the functions of the medulla oblongata and meso-cephalon as nervous centres?

5. Arrange the cerebral nerves according to their several functions, viz., nerves of special sense, common sensation, motion and mixed nerves.

6. Relate the peculiarities of the fœtal circulation.

7. Where are the Wolffian bodies situated, and what is their function?

MATERIA MEDICA—DR. TUCK.

1. Name the chief medicinal agents classed as diuretics. State the purposes for which they are employed, and write a prescription in full that will have a direct diuretic action.

2. Give the medicinal properties, uses, doses, and modes of administration of iodine, belladonna and aconite.

3. Name the pharmaceutical compounds of lead, their uses and doses, poisonous effects, and antidotal treatment.

4. Distinguish between narcotics and hypnotics, anæsthetics and anodynes, with examples of each and their peculiar physiological effects.

THEORETICAL CMEMISTRY—DR. SANGSTER.

1. State clearly the course of the electric current in a galvanic battery, and which is the positive and which the negative electrode.

2. Describe the thermometric scales, and state how readings in one may be reduced to equivalent readings in the other.

3. Describe the nature, sources, properties and uses of ozone, also mode of detecting its presence and amount.

4. Distinguish between colloids and crystalloids, giving examples.

5. Give general rule for calculating specific gravity of gases of known composition.

6. Give a brief synopsis of the chemistry of iron and its compounds.

7. Distinguish between monads, diads, triads, &c., giving examples.

8. State the differences between rectified spirits, proof spirits, and absolute alcohol, stating how the last may be obtained, give the name and composition of a few of the monatomic alcohols of the series $Cn\ H_{2n+2}\ O$, and of the monobasic acids derived therefrom.

9. How many grains of sodium potassium carbonate, crystallized with $6\ H_2\ O$, are required to saturate 250 grs. of citric acid?

TOXICOLOGY—DR. SWEETLAND.

1. What is a poison?

2. What are the symptoms of arsenical poisoning? Give antidotes and the reasons for using them.

3. Give the tests for corrosive sublimate.

4. Contrast the symptoms of poisoning by opium and those of apoplexy and intoxication.

5. What treatment would you adopt in narcotic poisoning?

6. In a case of suspected poisoning, what precaution would it be necessary to observe in making the *post mortem* examination?

BOTANY—DR. CORNELL.

1. What is Botany?

2. Of what does the vegetable kingdom consist?

3. What does the term plant imply?

4. Are there any plants growing without being attached to any fixed body, if so give examples?

5. Are there any plants endowed with sensibility, if so give examples?

6. What analogy is there between plants and animals?

7. What important position does the vegetable kingdom occupy?

8. Is there constantly a reciprocity of favors going on between the animal and vegetable kingdoms, if so give examples?

Questions for Final Examination.

MEDICINE AND MEDICAL PATHOLOGY—DR. H. H. WRIGHT.

1. What are the symptoms of pneumonia in the adult? Describe its several stages and their pathological condition, and give the prognosis and treatment.

2. What circumstances are necessary for the production of malaria? What diseases does it give rise to, and how can you prove the existence of the cause? What character have they in common, and what effects follow the long continued influence of malaria?

3. Give the symptoms, prognosis and treatment of acute and chronic Bright's disease of the kidney; the tests for albumen and their fallacies.

4. What diseases of the chest have increased resonance on percussion? in what is percussion unaffected, and in what is it dull, and in what flat, and the value of this sign? how is operation performed?

5. Give the history of tubercle.

6. What conditions produce passive congestion, and what structures are involved? Give the rules of treatment.

MEDICAL DIAGNOSIS—DR. SWEETLAND.

1. What diseases are liable to be confounded with ascites? Mention the distinctive symptoms of each.

2. Mention the distinctive signs of bronchitis, pneumonia and pleurisy.

3. Give the distinguishing characters of the diseases which have pain and tenderness in the right iliac fossa, as a prominent symptom.

4. Describe the varieties of small-pox. What diseases might it be mistaken for in early stages?

5. Give the diagnosis of typhoid fever. What indications does the thermometer afford in this disease?

SURGERY (OPERATIVE)—DR. LIZARS.

1. Describe two or more methods of vaccinating a child, and the changes that will take place in the part if successful.

2. Describe the operation of ligating the subclavian artery in the third portion; structures divided and avoided.

3. Describe the different degrees of rupture of the female perinæum; causes and operations for its relief.

4. What is the usual cause of vesico-vaginal fistula, and operation for its relief?

5. Describe Piragoff's modification of Syme's operation.

6. Describe the operation for iridectomy.

7. Describe the operation of resection of knee joint, and cases in which it would be successful.

8. If a child is brought to you with double hair-lip and cleft soft palate, when would you attempt to operate, and what are the reasons for operating at that time? Describe the operation.

SURGERY (OTHER THAN OPERATIVE).

1. Describe cause, symptoms and diagnosis of lumbar abscess.

2. Describe causes, differential diagnosis and treatment of orchitis.

3. What are the diseases that demand castration?

4. What diseases affect the Antrum of Highmore?

5. Describe symptoms of membranous croup, and the cases where tracheotomy is justifiable.

SANITARY SCIENCE—DR. CARSON.

1. What is Sanitary Science?

2. What sanitary measures should be enforced by the public authorities at all times?

3. What measures should be adopted in anticipation of an epidemic of cholera?

4. What measures should be adopted in anticipation of an epidmic of small-pox?

5. How far may the endemic diseases of Canada be prevented, and in what way?

6. What are the ordinary impurities of drinking water, and how may they be detected and removed?

7. In making out a dietary scale for jails or asylums, what proportion of nitrogenous food would you allow each inmate?

8. Give an example of a daily *regimé* of diet on the cheapest scale compatible with health.

9. What is the minimum of cubic feet of space for each bed in a hospital?

10. Name some of the ordinary disinfectants, and describe the manner in which they act.

SURGICAL PATHOLOGY—DR. FIELD.

1. What are the four principal conditions necessary for the normal nutrition of parts?

2. What are the two chief forms of atrophy? Describe atrophy of muscle in each kind.

3. Describe the pathological changes in the formation of an abscess, also the process of repair in filling up the cavity.

4. Enumerate the products of inflammation.

5. In subcutaneous injuries does extravasation of blood take any part in the reparative process? If so, in what manner?

6. Is the normal mode of repair of fracture by ensheathing, or intermediate callus? Describe the reparative process in fractures.

7. What is the difference, pathologically, between dry and moist gangrene? Give the cause of the difference.

MEDICAL JURISPRUDENCE—DR. CAMPBELL.

1. Give the signs of death.

2. Distinguish between wounds before and after death.

3. How are stains of human blood known?

4. How far can concussion of the brain be distinguished from intoxication?

5. Give the signs of pregnancy.

6. Give the signs of recent delivery.

7. Describe the hydrostatic test in infanticide, and give the objections to it.

8. Give a definition of insanity.

9. Name the different varities of insanity.

10. How can feigned insanity be detected?

SURGICAL ANATOMY—DR. SULLIVAN.

1. What is the relation of parts passing beneath the anterior annular ligament of the wrist?

2. What parts are divided in excision of the elbow-joint?

3. Give the course and coverings of femoral hernia. Where does stricture occur, and what are the dangers in operating?

4. How is Syme's operation performed?

5. Give the course and relations of the internal maxillary and obturator arteries.

MIDWIFERY (OPERATIVE)—DR. HOPE.

1. If the fœtus and pelvis are duly proportioned, but the position of the child unpropitious, what instruments would you use to restore the lost relation in position?

2. Give three cases in which the forceps are indicated, the proper position of the patient for the operation, the manner of applying the instrument and the mode of making extractive force.

3. Describe a case where craniotomy is indicated and the manner of performing the operation.

4. Give diagnosis and treatment of a case of puerperal epileptic convulsions.

5. State the diagnosis and treatment of prolapsus of the cord.

MIDWIFERY (OTHER THAN OPERATIVE).

1. State some of the signs that show that labour has commenced.

2. How do you distinguish true from false pains?

3. Into how many stages is labour divided? Describe them.

4. Describe 1st and 2nd positions of the head.

5. What is the best position for delivery?

PRACTICAL CHEMISTRY—DR. SANGSTER.

1. Briefly describe the preparation of the following re-agents $CaCl_2$, H_2S, and K_2O.

2. Name the acids precipitated from neutral solutions by $Ag\,NO_3$, grouping together;—1st, those insoluble, and 2nd, those soluble in NH_3.

3. Name the acids which are precipitated from neutral solutions by $CaCl_2$, and Fe_2Cl_3, respectively, distinguishing in the former case, between those soluble and those insoluble in acetic acid, and in the latter case stating the color of the precipitate.

4. Describe the re-actions by means of which you would detect the presence of lead, copper, potassium and mercury respectively.

5. Give the special re-actions of arsenic and morphine.

UNIVERSITY OF TRINITY COLLEGE.

MEDICAL EXAMINATION, APRIL, 1871.

The following candidates have successfully passed the primary and final examinations, respectively, in this University:—

PRIMARY.—F. C. Astley, Barrie; J. Albright, Beamsville; W. S. Boyle, St. Catharines; R. Callighen, Toronto; William

James, Mount Albert; R. Kains, St. Thomas; H. Lang, Bryanston; C. W. Marlatt, Yarmouth Centre; P. McDonald, Brucefield; A. McKay, Ingersoll; William Osler, Toronto; S. G. Rutherford, Shakespeare; H. Ross, Brucefield; T. J. Tamlyn, Newcastle.

Final (M.B.)—A. S. Campbell, Montreal; W. R. Hillary, Aurora; James Hackett, Newmarket; J. M. Hart, Wilfred; H. H. Moorehouse, Shetland; D. S. Maccoll, Eagle; A. L. McLaren, Campbellville; J. Parker, Frankville; J. A. Robertson, Shakespeare; Adam Vrooman, Vroomanton.

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VICTORIA MEDICAL SCHOOL.

The following are the names of the successful candidates at the recent examinations in connection with the Victoria Medical School.

Primary.—Jos. Albright, Beamsville; Henry Brent, Port Hope; W. S. Boyle, St. Catharines; L. C. Campbell, Toronto; William James, Nobleton; Hugh Lang, London; Robert Kains, St. Thomas; Logan M. Moore, Duntroom; J. S. McCallum, Stouffville: P. Macdonald, Princefield; Hugh Ross, Brucefield; T. J. Tamblyn, Newcastle; W. G. Tennant, Mohawk.

Final.—S. Bell, West Essa; W. J. Brereton, Bradford; Miles Brown, Winchester; Frederick C. Cluxton, Peterborough; Ed. L. Cash, Markham; John Frazer, Strabane, B. T. Gahan; Samuel Hudson, Belleville; Chas. E. Jakeway, Holland Landing; Robert Lawson, Honeywood; William Lang, Keene; J. O. Lovekin, Newcastle; H. H. Moorehouse, Shetland; Andrew McKay, Woodstock; J. H. Parsons, Yorkville; S. R. Richardson, Provincial Lunatic Asylum, Toronto.

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Substitute for Quinine.—It is stated in the "Lancet," of London, Eng., that M. Pavia, of Italy, has produced an alkaloid from the leaves and roots of boxwood, which he calls "bussine." In the experience of certain Italian physicians, this substance has been found to possess virtues nearly equal to quinine, in the treatment of miasmatic fevers. In several cases gastric uneasiness, pyrosis, thirst, nausea, giddiness, and tinnitus aurium were attributed to the use of this remedy.

Selected Articles.

COMPOUND DEPRESSED FRACTURE OF THE SKULL TREPHINING.

CLINIC OF PROF. GROSS.

William Mitchell, 9 years old, was brought to the clinic by his father, Dr. Mitchell, having the day previous been thrown from a horse, lighting on his head. His father, on picking him up, discovered a wound about an inch in length, extending from a short distance above the left eyebrow upward and outward; it was attended with fracture of the frontal bone, with marked depression. The boy was not stunned by the fall, and he bore the journey—undertaken almost immediately after the accident—to the city, a distance of 160 miles, without any apparent suffering or injury.

Professor Gross, on examining the parts, found the condition described above, and, in conclusion with his colleague, Professor Pancoast, decided to trephine. Chloroform having been administered, he enlarged the wound, and removed a disk of bone, with a small trephine, from the outer side of the depression, and restored the bone to its natural level. The dura mater at the site of injury was somewhat injected, but perfectly sound in other repects. The parts were brought lightly together by suture, and covered with a wet compress secured with a bandage. At 8 P.M., six hours after the operation, the patient was restless, his pulse excited, and his skin hot and dry. He was taking hydrarg, chl. mitis, grs. iij, with pulv. jalap, grs. vj, every three hours, and a febrifuge composed of sp. mindereri, sp. etheris nit., tr. verat. virid., and deodorized tr. opii.

Six foreign leeches were applied to the left temple at midnight, and, gave him decided relief; his bowels had been freely purged, and he rested well after the bleeding. During the following day he was comfortable; his diet was restricted, and senna and sulphate of magnesia were substituted for the calomel and jalap.

He continued to do well until the 14th, when his father, on account of urgent professional engagements, was compelled to take him home. Fortunately no ill effects ensued; on the contrary, he continued steadily to improve, and is now, nearly two months since the accident, entirely well.

Professor Gross, in commenting upon the operation of trephining, alluded to the disfavor with which it is at present regarded by military surgeons, and then alluded to his own convictions that its danger, in ordinary cases and in persons of good constitution, is greatly overrated. The danger of allowing a depressed bone to remain in its unnatural situation was, he said, twofold,—immediate, from inflammation, and remote, from epilepsy and other bad effects. This is especially true of small, depressed fractures, which, by their pressure upon the brain and its membranes, nearly always induce inflammation, not unfrequently terminating in death in a few days. When the pressure is widely diffused, the danger, other things been equal, is comparatively slight. In punctured fracture the danger is proverbial. Children, from the peculiar susceptibility of the nervous system, are particularly prone to suffer from epilepsy and other nervous symptoms on recovering from the immediate effects of such injuries, where the bone is permitted to retain its depressed situation.

Great stress is properly laid upon the after-treatment in injuries necessitating such an operation. The head and shoulders should be kept constantly elevated; the hair should be cut off close, and the scalp covered with a bladder partially filled with ice; light and noise should be excluded from the apartment; the diet should be restricted to the smallest allowance; the bowels should be freely evacuated with calomel and jalap or senna and Epsom salts; and if headache, accompanied by high fever and restlessness, arise, blood should be taken freely, by leeches, from the temples or behind the ears, or even from a vein at the bend of the arm. The old method of treatment after such injuries is too much neglected at the present day; we feed too much and deplete too little.

A patient with fracture of the skull—especially one requiring the use of the trephine—should consider himself for a long time an invalid, avoiding all excitement, both of mind and body, observing great care in his diet, and keeping his bowels constantly in a soluble condition. From want of proper precaution, many a person has lost his life from the effects of inflammation of the brain, weeks and months after all danger was supposed to have been safely passed.—*Medical Times.*

SIMPLE METHOD OF MEASURING THE SPECIFIC GRAVITY OF SMALL QUANTITIES OF URINE.

We not unfrequently see, in an otherwise complete report of the condition of a specimen of urine, "quantity too small for the specific gravity to be measured," or words of similar import. A simple method has occurred to me by which the specific gravity of an extremely small quantity of urine may be obtained with sufficient accuracy for all practical purposes.

Suppose the quantity to be examined is half a fluid ounce. Add to this, say four times its bulk, or two fluid ounces of water, and take the specific gravity of the mixture. Suppose this to be 1004; the specific gravity of the urine will be 1020. The reason of this will be obvious; for we have in the mixture four parts of water at 1000, and one of urine for the fifth, to which any surplus above 1000 belongs, of course, if the water were replaced by an equal quantity of the urine, four other volumes of the surplus specific gravity would be added, and the specific gravity of the whole would be five times as great. Hence the following rule:—

Add to the quantity of urine to be examined, as many equal volumes of water as may be necessary to float the scale of the urinometer. Multiply the excess of the specific gravity of the mixture above 1000 by the whole number of volumes employed, add it to 1000, and the result will be the specific gravity of the urine.

So simple a method as this can hardly fail to have occurred to many persons who have been engaged in examining urine, but I do not happen to have seen it mentioned in any of the books at hand, perhaps for this very reason. On the other hand, I have so often known the important fact of the specific gravity to be left out of a report on a specimen of urine for the want of enough to fill the urinometer, that the simple rule above given may not be without value to some of your readers.—*Boston Medical and Surgical Journal.*

FISTULA IN ANO.

Dr. Huse in the *Medical Record* (March 15th) recommends the following mode for the radical cure of fistula in ano without the knife:—

A prompt and successful result, in several cases of anal fistula treated by injection of iodine, has induced me to call attention to this subject in the RECORD.

While disclaiming, of course, any originality for this *plan* of treatment, the *manner* in which I have employed it is probably somewhat new. At all events, it has thus far been entirely and permanently successful in my hands ; and the suggestion of M. Henry, assistant to M. Bonnafont, as long ago as 1858, on this subject, seem to have met with undeserved neglect.

The iodine should be employed in the form of a *saturated ethereal* tincture. Its advantages over the officinal or alcoholic tincture are obvious. It is not only *stronger*, and thereby excites inflammatory adhesion in the walls of the tube, but the ether evaporates almost momentarily, and a pure coating of iodine is left along the fistulous track, which doubtless encourages absorption.

The instrument I have used is an ordinary hypodermic syringe, with small silver canula, which may be readily bent to correspond with the direction of the sinus.

The mode of operation is as follows :—After exploring the fistula with a *very small* probe (the ordinary probe of the pocket-case is far too large), after determining its course and extent, the patient is to be placed in a good light and a glass rectal speculum introduced, with its fenestrum opposite the internal orifice of the fistula. The canula is now bent to the required curvature and introduced, when the syringe, filled with tepid water, is screwed on, and the surface thoroughly cleansed of all extraneous matter. This step is not only essential, but serves to allay timidity, or dread of the subsequent operation.

Next, by the pressure, the fistula in its whole extent should be dried out, and the iodine will thus come in direct contact with its walls. Introduce now into the speculum a quantity of carded cotton. This will absorb any of the iodine which might otherwose be injected *through* and injure the mucous membrane, and by its characteristic stain will serve to show the completeness both of the fistula and of the operation.

The canula may now be re-inserted and the injection made. It should be done *slowly*, and at the same time the canula gradually withdrawn. Every part of the surface will thereby be reached.

The operation, which is not very painful, should be premised with a catharic and followed with a full anodyne, as ordinarily with the time-honored knife method. The patient need not be confined to his bed, or room, even for an hour.

Thus far I have performed this operation four times, and, as remarked above, with immediate and complete success. The patients, were, all but one, below thirty years old. One was tuberculous, but no appreciable injury accrued from thus checking what we were once told is in phthisis a conservative drain. In my first case, a clerk, æt. 23, there was a dense and almost cartilaginous state of the fistulous wall, and the injection had to be repeated; but in the other, one "sitting" alone was called for.

THE PROGRESS OF OBSTETRICS IN THE LAST TWELVE YEARS.

Dr. Graily Hewitt, the retiring President of the Obstetrical Society of London, in his Farewell Address on the 5th inst., passed in review the work of this Society since its formation twelve years ago. The Address touched necessarily on many topics, and may almost be regarded as a kind of review of the volumes of the Society's Transactions already published. We give the most prominent points:—

ANÆSTHETICS IN MIDWIFERY.

We have come—some of us, at all events—to recognize the fact that chloroform has a tendency to make work "lingering," that it sometimes enfeebles the uterus, and may thus cause hæmorrhage. This tendency it is proposed to do away with by diluting the chloroform by mixture of alcohol or other vapours, or by accurate mixture with air.

DEFORMITIES.

The very important subject of distortion of the pelvis—a condition so full of danger to mother and child—has frequently incidentally been before us. Since the formation of this Society, a new form of distortion has been added to the previous list—the spondylolisthesis, or projection forwards of the last lumbar vertebra from caries or other disease of the bones beneath; first described in 1853 by Kilian, of Bonn. Dr. Barnes has contributed in our "Transactions" an exhaustive paper on this new and interesting deformity, detailing the particulars of thirteen cases. The disease is rare; but we shall probably hear of it more commonly now attention has been directed to its existence.

FORCEPS.

Of the great obstetric operations, most of which we can happily designate as conservative ones, the forceps is the chief and the foremost. What has this society done to further the use and efficiency of this instrument? In the first place, this Society has on several occasions expressed itself strongly on the great impolicy of postponing the employment of the forceps when the labour is not a progressive one, and when it is delayed. We have endorsed the opinion put forward by Dr. Tyler Smith in a very able paper, that the head ought not to rest on the perineum some hours before the instrument is applied; we in the same way repudiate the old maxim that it is necessary to feel the the ears before using the instrument; we no longer insist on the os uteri being fully dilated in order to apply it; we do not consider the entrance of the blades into the uterus as prejudicial; nor do we object to the employment of slight degrees of compression to the fœtal head when necessary. These various questions require the use of descrimination on the part of the attendant in particular cases; but the question is generally one of mechanics. In Dr. Tyler Smith's paper, and in a very forcible one by Mr. Harper, the advisability of more frequently using this life-saving instrument is most strenuously insisted on.

TURNING.

The last twelve years have seen much that is new in the operation of turning. The true value and place of this great operation has been more accurately defined. Our esteemed honorary Fellow, Dr. McClintock, discussed the matter in a very able paper. The question between the high forceps operation and the operation of turning is hard to determine in a general way, and it is quite evident that the individual difficulty will always have to determine the individual choice. Respecting the method of performing this operation, Dr. Braxton Hicks has introduced a novelty and a great improvement. It is hardly necessary for me to state to you that the bi-manual method of turning, which we owe to Dr. Hicks, enables us to turn in many cases where it would be otherwise difficult or impossible.

CRANIOTOMY.

Dr. Braxton Hicks has revived and developed a fact really stated by Hull and Burns many years ago, but lost sight of till now—viz., that the fœtal head can be brought through a very small aperture, when tilted so that the face shall be first presented at the aperture, the cranial bones and the lower jaw being first removed. The practical application of this fact will aid extraction in certain otherwise very difficult cases. Another novelty in the same direction is the suggestion of Dr. Barnes's, to cut the head into segments by means of a very strong wire, worked by the adaptation of the ecraseur mechanism. Before this society was founded the cephalotribe was hardly known of at all in this country. We have now, in the instrument of Dr Praxton Hicks, a most portable and practical instrument. Dr. Barnes, Dr. Matthews Duncan, and Dr. Kidd, of Dublin, may be mentioned among those who have in this Society done much to develop the use of the instrument.

INDUCTION OF PREMATURE LABOUR.

It must be stated, I think, at the present time, that we are not yet decided as to what is actually the best method of inducing premature labour. There is a very remarkable paper in the "Transactions," by Professor Lazarewitch, of Charcov, in which twelve cases are related wherein the method of injecting water to the fundus of the uterus was employed; and no one can read the account of these cases without being struck with the safety and completeness with which labour was induced. Dr. Barnes's method is unquestionably an exceedingly good, and it may be characterised as being the best, method we have in our possession for bringing labour to an end within a certain definite time. Looking, however, to the great difficulty of conducting the labour through its various periods safely to the child, which is an important consideration in most of these cases, it must be stated that we have not yet quite decided as to what is the best method; and there are still some, including myself, who think very highly indeed of the method of simple puncture of the membranes.

HÆMORRHAGE.

A new term in reference to hæmorrhage has been added to medical obstetric literature since the formation of this Society. We now recognize the existence of a form termed "concealed accidental hæmorrhage,"—hæmorrhage, that is to say, occurring concealed in the uterus itself, capable of imperiling the patient without necessarily causing a great external loss—a very dangerous complication of labour.

In a very interesting paper, Dr. Greenhalgh laid down this proposition, that in a case of placenta prævia the patient should not be allowed to go on to the full term of pregnancy; that a woman with placenta prævia is constantly in danger of losing her life; and that the practitioner should exercise a special control over that patient, if he does not think it advisable to induce the continuance of the labour at the time the difficulty is first observed. With reference to the methods of treatment of this complication, I think that the general current of feeling in the Society is in favour of an eclectic method.

With reference to a post-partum hæmorrhage, I have little doubt that, if the treatment of the third stage of labour previously alluded to were generally practiced and insisted upon, we should have very slight occasion to treat post-partum hæmorrhage at all. As to the actual treatment of post-partum hæmorrhage, an important addition has been made to our practice in the injection of perchloride of iron into the uterus in cases where the other methods fail. This we owe to Dr. Barnes.

It must be admitted that transfusion is a remedy which is the only one capable of resuscitating a patient in certain cases; and it is a remedy which must always be considered in alluding to the subject of the treatment of hæmorrhage.—*Medical Press and Circular.*

ON THE THERAPEUTIC ACTION OF THE SULPHITES IN MALARIAL DISEASE.

BY JAMES TYSON, M.D.

As the fungus origin of malarial disease became less probable, the plausibility of its treatment by the sulphites also lost all rational foundation, since it was based upon the discovery of Polli that these salts are hostile to animal and vegetable fungi. But since clinical results have been quoted in confirmation of the propriety of this theory, it is necessary also that additional experience should accord in its results with what we would expect on the supposition that the theory is erroneous; else must there be a certain amount of evidence in its favor. Accordingly, we have thought proper to report the results of a limited hospital experience, as shown by four illustrative cases.

First, however, let us learn some of the results of others. Dr. T. L. Leavitt, of Germantown, Pa., reports in the *American Journal of the Medical Sciences* for April, 1866, p. 388, a single case of remittent fever in a lady, aged 19, which resisted for more than four weeks the sulphate of quinia. The use of fifteen grains of the hyposulphite of soda every three hours, instituted in the afternoon, was followed on the next morning by "the first omission in the exacerbation for over four weeks." The sulphite was continued three days, then at longer intervals, and, as stated by the reporter, "effected a perfect cure."

Dr. S. E. Hampton states in the *Cincinnati Lancet and Observer*, November, 1867, that in sixty-six cases of malarial disease it failed in the one only. A few of these cases only are reported.

Dr. W. E. Turner, in the *Leavenworth Medical Herald*, November, 1867, says that he used the sulphite and hyposulphite in every one hundred and twenty-five cases with unvarying success, and with better after-results than followed the use of quinia.

Dr. C. H. Chubb, of Cambridge, Md., reports, in the *American Journal of the Medical Sciences* for April, 1868, that in twenty-seven cases in which he used the hyposulphite of soda, "the paroxysms were arrested in twenty-five; in eleven of these the arrest was immediate, no paroxysm occurring after the treatment was instituted. These cases were nearly all of the tertian type. In nine cases, one paroxysm, and in the remaining five, two or more paroxysms, occurred after the use of the remedy commenced. These cases were mostly quotidians or double tertians, and the recurring paroxysms were invariably of mitigated severity. In no case was the remedy continued longer than a week, unless there was manifest improvement. In five of the cases relapses occurred; in three of these the disease was again arrested by the same remedy, and did not return, the treatment having been continued some time after the arrest of the chills; in the other two of the relapsing cases, sulphate of quinia was resorted to, to complete the cure."

Two cases only are reported in full,—one of success, another of failure. The former was that of a female, aged 31, who had been the victim of ague for twelve months, during which there was never an interval of more than two weeks between paroxysms. Quinia, iron, etc., were freely administered. She took the hyposulphite in doses of fifteen grains every two hours, and had but one paroxysm after the treatment was instituted."

To these we append the results of our own experience:

Case I. Tertian Intermittent.—J. D., æt. 48, of Ireland, was admitted to the medical wards of the Philadelphia Hospital, October 10, 1870. He had no chill previous to admission. At noon on the 12th of October had a well-marked paroxysm of chill, fever, and sweat. On the 13th was ordered ʒi of sulphite of soda, to be taken in the twenty-four hours terminating at noon on the 14th. At this time, however, the paroxysm recurred with less severity. Two drachms a day were then administered, in divided doses. On the 16th a paroxysm recurred, but less severely. The same treatment was continued until Oct. 27, when the patient was discharged, *no chill recurring after that on the 16th.*

Case II. Quotidian Intermittent.—Ellen F., æt. 30, of Ireland, domestic, was admitted October 11, 1870. Has been residing the past five weeks at Red Bank on the Delaware River, where chills and fever are prevalent.

On October 7, about 4 p. m., had a slight chill, followed by fever and profuse sweating. A similar paroxysm recurred daily to date of admission. On October 12 ordered gr. x. sulphite of soda every three hours. The paroxysm recurred at 6 p. m. of October 13. Treatment continued until October 15, paroxysm recurring each day with increasing severity, until we feared to continue the sulphites longer. Accordingly, on the 15th, ordered gr. v. quin. sulph. every three hours. *After which no paroxysm recurred.* She was discharged October 21, 1871.

Case III. Tertian Intermittent.—Hugh K., æt. 13, in summer drives a canal boat on the Juniata Canal. Admitted to the medical wards of Philadelphia Hospital, October 12, 1870. About October 1, was seized with a chill, followed by fever and perspiration, to which succeeded a similar paroxysm on alternate days, but not at precisely the same hour. The first paroxysm in the hospital occurred October 13. A half-drachm sulphite of soda was ordered to be taken daily. Paroxysm recurring on the 15th, ʒij sulphite of soda were ordered daily. On October 17 paroxysm returned; also on October 19,—earlier and less severe. On October 21, paroxysm did not recur, but at midnight on the 23d again presented itself, though less decidedly; again, similarly on the 25th; on the 26th at 3 p. m., in very severe form; and at 1 p. m. on the 28th. During this time ʒij of sulphite of soda were taken daily. On the the 29th, sulphite of cinchonia, gr. xij, was ordered to be taken by 9 a. m. of the 30th. Paroxysm returned at 10.15 a. m. On November 1, the cinchoniæ sulp. was similarly administered. No paroxysm recurred upon that day, nor upon the 3d, but one again presented itself upon the 5th, the remedy having been inadvertently omitted after the 1st. On November 7, another paroxysm. Two drachms of sulphite of soda daily were now again ordered, which were increased to ʒss on the 10th. During this interval the paroxysms continued to recur with severity on alternate days. On the 11th the sulphate of cinchonia was again ordered, in so small a dose as gr. ij three times a day. A slight fever presented itself at 10 p. m. of the 12th, but no chill; and after this no paroxysm recurred, the cinchonia salt being continued daily.

Case IV. TERTIAN INTERMITTENT.—Isabella W., æt. 29, was admitted October 24, 1870, having the history of a well-marked paroxysm on alternate days for some time previously. The first in the hospital occurred on the 25th. On October 27, ʒij of sodæ sulphis were ordered, the paroxysm occurring at 1.30 p. m. The quantity was increased to ʒiij on the 29th, which was again reduced to ʒij on the 31st. After October 28 no paroxysm presented, though on each day, at the time of the expected chill, a feeling of nausea occurred, and continued even at the date of the patient's discharge on November 7, the ʒij of sulphites being continued to that time.

Now, what are the conclusions we draw from the above cases, bearing in mind that the almost invariable tendency of malarial disease, except in its *pernicious* form, is to abatement in the severity of recurring paroxysms, and in some instances, at least, to spontaneous recovery? Let us consider Case I.,—one of recovery under the use of the sulphites. Three paroxysms succeeded each other, the second after one drachm of sulphite of soda had been administered, the third after the use of two drachms; and this was less severe than the previous ones, and was also the last, the sulphites being continued ten days longer. Although some observers might be inclined to class this among the cases which owe their recovery to the sulphites, we ourselves feel compelled to place it on neutral ground, from the fact that the course pursued by the disease was precisely that of the natural history of mild cases,—gradual abatement and final disappearance of the paroxysm. Although it is *possible*, therefore, the disease was influenced by the treatment, yet the chances are at least equal that spontaneous recovery took place. The case cannot, therefore, be admitted in evidence. Even the most credulous must, however, admit that the response to treatment in this case did not at all compare to that of the sulphate of quinia in similar cases.

How is it with Case II., in which we have the more uncommon condition of increasing severity in the paroxysms? Here clearly the case is against the sulphites. The remedy was useless, at least in the quantity given; and that the case was not an unusual one appears from its prompt amenability to quinine.

Case III. must also be counted against the efficacy of the sulphites; and here no objection can be made to the quantity administered. It reached ʒss per day, while ʒij, which were given many days in succession, must be acknowledged to be a full dose for a boy thirteen years old. It will be noted that there was here a relapse, after the interruption of the paroxysm, during the administration of the sulphate of cinchonia, and that the use of the sulphite of soda was again instituted, but to no purpose. The cinchona was again called to rescue the patient.

In Case IV., a well-marked tertian, the paroxysms disappeared under the use of the sulphites in quantities of ʒij a day; and the suddenness with which they ceased, after a full dose of the salt, when no tendency to diminished severity had previously presented itself, is at least striking. And although it is not impossible that such cessation should occur spontaneously, yet the probabilities are against it; and it must be admitted that if quinine had been administered it would generally be conceded that the subsequent effect was a consequent one. We must therefore accept this case as one in evidence of the efficacy of the sulphites.

These results do not accord with those previously reported. Only one of four could be legitimately conceded to confirm the efficiency of the sulphites in malarial disease, instead of sixty-five out of sixty-six, as in the report of Dr. Hampton, or twenty-five out of twenty-seven, as in that of Dr. Chubb. We do not wish to be considered as questioning the observations of these gentlemen, and have no doubt but that the results followed the treatment; but had these cases been closely watched, analyzed, and eliminated, as only can be done under hospital surveillance, perhaps all would not have been admitted in strict testimony as to the efficiency of a treatment which, in the face of recent minute investigations, can no longer be said to have a rational foundation.

We have not, however, any right, nor do wish, to exclude any of these cases. We simply present our own as a nucleus *tending* to prove a somewhat different conclusion, to which others may or may not be added.

The attention of others is accordingly invited to a subject which is so full of interest, both in a practical point of view, and as bearing upon a theory of disease which, although tottering, is perhaps not without something to support it, and, therefore, since not definitely settled, calling upon all of us for information as our humble facilities may afford.—*Medical Times.*

THE PRODUCTION OF HEMORRHAGE, ANÆMIA, ETC. IN THE LUNGS BY INJURIES TO THE BASE OF THE BRAIN.

Dr. Brown-Séquard contributes to the London *Lancet*, January 7, 1871, some experimental researches on guinea-pigs, rabbits, and cats, to show how frequently the lungs are altered consecutively to a lesion of the brain. He states that in almost all cases of injuries by crushing or section of the pons varolii, ecchymoses were found in the lungs ; sometimes the whole lung was crowded with effused blood, and real pulmonary apoplexy existed. Injuries to other portions of the brain were attended with similar results, but they rarely followed injuries to the medulla oblongata and spinal cord, although the nerve-fibres going from the pons varolii to the lung pass through both of these divisions of the nervous system. Experiments show that it is not through the par vagum, but the sympathetic, especially by its spinal roots, that the peculiar influence of the irritated pons varolii exerts itself in producing pulmonary hemorrhage. The condition of the lung, as regards distention or collapse of air-cells, does not materially change the effect. A lesion in one of the lateral halves of the pons produces generally a much greater effect on the lung of the opposite side. Anæmia may also be produced after similar injuries of the base of the brain, but especially of the pons varolii, some parts of the lung seeming to be absolutely deprived of blood. Œdema appears principally after injury of the medulla oblongata, the lung presenting several minute grayish spots containing serum, and the minute blood-vessels being filled with the white corpuscles of blood, and free from red corpuscles. This change in the contents of the pulmonary capillaries is immediate. Emphysema, Dr. Brown-Séquard declares, can appear when not a single respiratory movement takes place, after an irritation of the base of the brain, either by crushing or cutting. This differs from the views of other observers on the mode of production of emphysema. He also states that of 188 cases of organic disease of the brain recorded in the work of Calmeil, there was a morbid state of the lungs in more than 60 cases. He concludes that many patients attacked with brain-diseases die from disease of the lungs caused by that of the central organ of the nervous system.—*Medical Times.*

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

At a meeting of the Council, on the 21st March, for the consideration of the Draft-scheme for a Conjoint Examining Board, the Council formed itself into a Committee, when Mr. CHARLES HAWKINS moved, Mr. H. LEE seconded, and it was resolved, that the present Committee affirms anew, and purposes that the Conjoint Board Committee should, as far as practicable, adhere to the resolution of the Council of October 7th, 1869, viz., "That it is the opinion of the Council that there should be instituted a single Examining Board for each division of the United Kingdom, before which every person who desired a licence to practise should appear, and by which he should be examined, and that a diploma from either of such Examining Boards should entitle the holder to practise medicine, surgery, and midwifery in any part of Her Majesty's dominion."

It was moved by Mr. CURLING, seconded by Mr. BUSK, "That an Examining Board be formed for this division of the United Kingdom; that every person desirous of being registered under any of the qualifications granted by the English licensing bodies, as mentioned in Schedule A to the Medical Act of 1858, be required to appear before that Board, and be examined on the subjects of professional education; and that full liberty be left to the said licensing bodies to confer as they may think proper their honorary distinctions and degrees."

It was moved as an amendment by Dr. HUMPHRY, seconded by Mr. HILTON, and carried, "That it is desirable that an Examining Board should be formed by such licensing bodies as may consent to take part in it, it being understood that each cooperating body shall refrain from the exercise of its previous separate privilege of giving admission to the *Medical Register*."

On reading Resolution 2 of the Draft-scheme, it was moved by Mr. SIMON, seconded by Mr. LEE, "That the consideration of clauses II., III., IV., and V. of the Scheme be deferred till the Conference shall have had an opportunity of revising them in the sense of the resolutions which the Committee that day passed."

Amendment moved by Dr. HUMPHRY, seconded by Mr. HANCOCK, and carried, "That the Committee assents to Resolution 2 of the Draft-scheme, provided each of the licensing bodies therein mentioned take part in the constitution of the Board of Examiners."

It was then moved by Dr. HUMPHRY, seconded by Mr. SIMON, and resolved, "That it is desirable, in the opinion of the Committee, that each ef the examiners in medicine, surgery, and midwifery, shall be a graduate in medicine or surgery of a British University holding the highest degree in medicine or surgery of his University, or a Fellow or Member of one of the Royal Colleges of Physicians, or Fellow of one of the Royal Colleges of Surgeons in the United Kingdom, or that he shall be, or have been, a recognized teacher on the subject in which he is appointed to examine."

The other resolutions in the Draft-scheme were deferred for future consideration.—*Medical Press and Circular.*

DEATH FROM INHALATION OF ETHER.

Some of our American friends seem to think ether perfectly safe. We beg to remind them of a case of directly fatal result from ether inhalation which occurred in Boston. A man who had received a bullet-wound in the knee, and who was etherized for the purpose of amputation, suddenly ceased to breathe during the operation. In nearly every instance of death hitherto imputed to ether, hours, if not days, have elapsed before the fatal result. The present case is more like cases of death from chloroform. The particulars were related in the *Boston Med. and Surg. Journal*, of December 8, 1870, but many American editors seem to have quite forgotten it.—*Medical Press and Circular*

THE TITLE OF "DOCTOR."—The New York *Medical Gazette* gives the following, taken from one of its exchanges:—

"The title of 'Doctor' was invented in the twelfth century, Irnerius, a learned professor of law at the University of Bologna, induced the Emperor Lothaire II., whose chancellor he was, to create the title, and he himself was the first recipient of it. He was made doctor of laws by that university. Subsequently the title was borrowed by the faculty of theology, and first conferred by the University of Paris on Peter Lombard. William Gordenio was the first person upon whom the title of doctor of medicine was bestowed; he received it from the College of Asti, in 1329."

A NEW AND PRACTICAL METHOD OF DISINFECTION.

Dr. Hoskin, in the Boston *Medical and Surgical Journal* of March 9th, calls the attention of the profession to a new and simple apparatus designed by himself, the object of which is to vaporize certain chemical substances, and thus thoroughly to disinfect the air, walls, ceiling, and, in short, the entire contents of any apartment, however large.

The instrument by the aid of which this is to be accomplished may be briefly described as consisting of a bottle, wick, and—attached to the free end of the wick—a bulb of spongy platinum. Into the bottle should be poured an alcoholic solution of the substance which it is desired to vaporize (for instance, carbolic acid) ; the wick is then to to be lighted, and the flame extinguished as soon as the ball becomes red hot, which requires but two or three minutes. The ball is now fed continuously by the wick, nnd will continue red hot as long as any fluid remains in the bottle, and, in this condition, it will readily vaporize the substance in solution, minute particles of which are thus scattered throughout the atmosphere.

The following may be enumerated as a few of the cases in which it is thought this instrument will be found useful.

Firstly. In zymotic diseases, for disinfecting the persons of patients as well as those of the nurses and other attendants, also the furniture, walls, ceiling, and air, this method offers many advantages over any other hitherto suggested. In scarlatina, smallpox, &c., there are strong grounds for the belief that the poisonous germs of the malady, emanating from the body of the patient and exhaled with every breath, fill the air of the sick chamber, adhering to all objects within the room, and that each of these germs, unless in some way neutralized or destroyed, may become the focus of future infection. It is true that these germs are so minute that their presence has not yet been detected with certainty, even with the aid of the microscope, still we have very strong circumstantial evidence of their existence. Furthermore, experiments have demonstrated that if liquids or solids containing these germs are brought in contact with certain chemical substances, such as carbolic acid, sulphurous acid, &c., even in the smallest appreciable quantity, they are, by some process not yet satisfactorily explained, rendered completely innocuous. In scarlatina, in particular, the results of this theory have been repeatedly shown, and the inevitable deductions are such as must carry with them great weight, so that, at present, when one member of a family is attacked with this contagious malady, so great is the confidence felt in these prophylactic measures by those who have given them a trial, that it is no longer considered necessary to remove those of the family who have not previously contracted the disease.

But while the body of the patient may be disinfected by simple outward applications, it has long been felt that some ready process was needed for attacking more effectually those germs which float in the air or adhere to the walls and ceiling. For this purpose this little instrument will be found particularly efficient.

2ndly. In the recent recommendations of the Commissioners on the contagious diseases among cattle of this State, the importance of thoroughly disinfecting barns and sheds is urged in order to arrest a prevailing epizootic, but it will be observed that no method is suggested for effectually carrying out such a process. I am confident that the result here desired could be most readily obtained by placing in these buildings, for twenty-four hours, two or three of the instruments here described. Other objects to which this apparatus may be applied will continually suggest themselves; as for instance, for neutralizing the offensive odor of dissecting rooms, surgical wards, for purifying the holds of emigrant ships, for disinfecting cars and carriages in which persons suffering from contagious maladies have been conveyed, or even horse or steam railroad cars to which any suspicion of such conveyance may be attached, or which need to be purified from other causes. By introducing into the bottle a solution of iodine, cannabis indica, or the like, this instrument may be substituted for the various atomizers now in use, for administering these various drugs by inhalation.

I have ventured to give the name "Eudipile" to this instrument, and although its construction was suggested by the old and well-known scientific toy employed in Eudiometry, it differs from the latter in several essential particulars.

Of course, the bottles to contain the disinfecting liquid may be made of different capacities, to correspond with the size of the apartment to be disinfected.

It has been estimated that a bottle holding two ounces will throw out a constant stream of vapor for about sixteen hours, at an expense not exceeding twenty cents.

BOOK NOTICES.

On Diseases of the Spine and Nerves. Philadelphia: H. C. Lea. Toronto: Adam Stevenson & Co. $1.50.

This volume comprises a series of essays, extracted from the "System of Medicine," edited by J. Russell Reynolds, M.D., on a group of diseases of great interest, and many of them of frequent occurrence.

Part I. is devoted to Diseases of the Spinal Cord; from the pen of C. B. Radcliffe, M.D., F.R.C.P.

Part II. contains a short and pointed article on Epidemic Cerebro-Spinal Meningitis; by J. Netten Radcliffe.

Part III. consists of a concise paper on Neuritis and Neuroma; by J. W. Begbie, M.D., F.R.C.P.E.

Part IV. is devoted to a full and comprehensive article on Neuralgia; by F. E. Anstie, M.D., F.R.C.P.E.

These Essays are from the pens of gentlemen of acknowledged ability and experience, who have paid particular attention to the several diseases on which they have written The volume will be found to present the latest advances in the knowledge of the several subjects therein discussed.

The Change of Life in Health and Disease—By Edward John Tilt, Vice-President of the Obstetrical Society of London, &c. From the third London edition. Philadelphia: Lindsay and Blakiston. Toronto: Copp, Clarke & Co., $3.00.

This new edition is much enlarged and improved and neatly bound in cloth. The book consists of about 300 pages, and is divided into twelve chapters; the first five on the Physiology of the change of life, and one on the Pathology, one on its Therapeutics, and one on its Hygienics. The remaining chapters treat of the diseases of the reproductive organs at this period of life, the skin and digestive organs, nervous system, &c. The author is very clear and concise in style, and the work contains a fund of practical matter, and no small amount of theory also, which is very clearly enunciated. He also gives evidence of having been a very earnest and faithful worker in the Physiology and diseases of women, and he has made a valuable contribution to the literature of the subject which has thus engaged his attention. It is, so far as we know, the most interesting and thoroughly practical work on the subject of which it treats in the English language. It is a pleasant work to read, an easy guide to follow, and a work which we can cordially commend to the profession.

A TREATISE ON THE CHRONIC INFLAMMATION AND DISPLACEMENTS OF THE UNINPREGNATED UTERUS—By W. H. Byford, A.M., M.D., Professor of Obstetrics and Diseases of Women and Children in the Chicago Medical School. Second edition, Philadelphia: Lindsay and Blakiston. Toronto, Copp, Clarke & Co., $3.00.

The second edition of this work is much enlarged and improved, several illustrations have also been added, which materially enhance the value of the book as a work of reference to the busy practitioner. The author seems to place great confidence in the success of local treatment in the cure of sympathetic secondary affections arising therefrom. A considerable space is therefore devoted to the local treatment of disease of the uterine system, and especially to the mechanical means and topical applications used. Although a work of only about 250 pages, it is supplied with a copious index, which adds much to its general usefulness as a work of reference. It is very neatly got up, printed in *large* type on very good paper, and is creditable alike to author and publisher. We have pleasure in commending it to our readers.

MEDICATED LOZENGES.

We beg to call the attention of the profession to Hessin's Medicated Lozenges, the advertisement of which will be found in another column. Mr. Hessin is well known in Toronto, where he has been in the confectionery business for the last fifteen or twenty years, and at the suggestion of some medical men here, he has been induced to manufacture medicated lozenges. We are glad that he has seen his way clear to enter upon this new enterprise, as, if properly sustained, it will be the means of doing an incalculable amount of good. This is undoubtedly the easiest way of administering medicine to children and even to some adults, and explains the reason why so much patent medicine is consumed annually in the form of bronchial troches, worm lozenges, &c. This new branch of the business entered upon by Mr. Hessin will be the means of doing away with a good deal, at all events, of this abominable trash, and introducing ready to the doctor's hand, palatable and carefully prepared medicines.

We wish him all success in this branch of his business, and trust that the medical profession will second his laudable effort in striving to render disagreeable medicines as palatable and agreeable as possible to unfortunate patients, both young and old.

Two years ago we began to import pure light wines direct from the vineyards of the south of France believing that both in price and quality they would be well adapted for consumption in Canada. The result has surpassed our expectations, and the demand has been such as to tax all our energies for its supply.

As a considerable portion of this demand has arisen from the adoption of these wines by medical men in their professional practice, and their consequently extended use by invalids and delicate persons, it has been suggested to us that a careful analysis of those brands most used, and especially the cheaper ones, would be useful, to show the various proportions of the main constituent parts of each description, so that, in every case, the wine most suited to the requirements of the consumer might be selected.

Professor Croft, of the Toronto University, has kindly made this analysis for us, and we annex his report with the chemical results given in a tabulated form. The higher priced and better known wines, being more articles of fashion and luxury, have not been included in this table as their number would make it too cumbrous for easy reference.

QUETTON ST. GEORGE & CO.,
Wine Merchants,
34 King Street East, Toronto.

University College, April 25th, 1871.

Gentlemen,—I have taken considerable interest in the examination of the Roussillon and other wines of your importing, on account of their being of a character so much superior to what I expected. I have tested them by the processes of Chevallier, Jacob, Vogel and Esenbeck, and in all cases have proved them to be pure and unadulterated wines. The following table will show the relative strengths, as regards solid matter, alcohol, alkaline salt and acid, the latter being calculated per gallon. The alkaline matter is the ordinary wine salt or cream of tartar—bitartrate of potash. The determination of the quantity of astringent matter does not seem to be possible, but its relative proportion can be easily distinguished by taste. The Roussillon wines and Masdeu and some vins d'ordinaire have a good deal of it, while in the Alicante it is scarcely perceptible. The Masdeu has the greatest alcoholic strength of all these wines, and the Alicante most saccharine matter.

NAME.	Specific Gravity.	Absolute Alcohol by weight.	Solid Matter, Sugar, &c.	Ash.	Acidity per gallon.
Roussillon Vin Rouge ....$1.00 per gal.	1.012	12.17	7.50	0.50	468
Roussillon Port, No. 1 .... 2.00 "	1.018	14.86	9.10	0.80	435
Roussillon Port, No. 2 ...... 1.50 "	1.031	12.29	13.50	1.25	462
Alicante .... 2.00 "	1.033	15.47	14.25	0.30	339
Masdeu .... 2.00 "	1.007	17.22	10.20	0.40	457
Catalonian Port .... 1.50 "	0.997	10.24	4.38	0.63	366
Vin d'ordinare (Lansade).. 3.00 per doz.	0.998	8.33	2.07	0.40	621
Vin d'ordinaire du Midi (brown label)................ 3.50 "	0.997	10.78	3.06	0.30	629
Vin d'ordinaire (w'te label) 2.50 "	0.995	8.83	2.04	0.31	630
French Sherry, or Vin blanc d'ordinaire.................... 1.50 per gal.	0.999	15.60	5.07	0.20	317
Vin de Graves.................. 4.00 per doz.	0.991	9.66	2.01	0.21	350

The proportion of alcohol calculated as proof spirit would be about double that of the alcohol given in this table.

Yours truly,
HENRY CROFT.

Messrs. Quetton St. George & Co.

UNIVERSITY OF PENNSYLVANIA.

MEDICAL DEPARTMENT.

Ninth Street, above Chestnut, Philadelphia.

The Lectures of the Session 1870-71 Will commence on the second Monday (10th of October, and close on the 1st day of February ensuing.

MEDICAL FACULTY.

GEORGE B. WOOD, M.D., Emeritus Professor of Theory and Practice of Medicine.
SAMUEL JACKSON, M.D., Emeritus Hrofessor of Institutes of Medicine.
HUGH L. HODGE, M.D., Emeritus Professor of Obstetrics and Diseases of Women and Children.

JOSEPH CARSON, M.D., Professor of Materia Medica and Pharmacy.
ROBERT E ROGERS, M.D., Professor of Chemistry.
JOSEPH LEIDY, M.D., Professor of Anatomy.
HENRY H. SMITH, M.D., Professor of Surgery.
FRANCIS G. SMITH, M.D., Professor of Institutes of Medicine.
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D. HAYES AGNEW, M.D., Professor of Clinical and Demonstrative Surgery.

H. KNOX HODGE, M.D., Demonstrator of Anatomy.

One Introductory will be delivered in the Course.

Clinical instruction is given daily throughout the year, in the Medical Hall, by the Professors, and at the Hospitals. At the Philadelphia Hospital, containing 900 beds, instruction is free.

The Dissecting rooms, under the superintendence of the Professor of Anatomy and the Demonstrator, are open from the middle of September.

The room for Operative Surgery and the Application of Bandages, &c., &c., is open early in September, and throughout the Session, under the supervision of the Professor of Clinical and Demonstrative Surgery.

EXPENSES.

Fees for the Course of Lectures	$140
Matriculating Fee (paid once only)	5
Graduating Fee	30

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WILLIAM PEPPER, M.D., Lecturer on Clinical Medicine.
EDWARD RHOADS, M.D., Clinical Lecturer on Physical Diagnosis.
JAMES TYSON, M.D., Clinical Lecturer on Microscopy and Chemistry, applied to Diseases of the Urinary Organs.
WM. GOODELL, M.D., Clinical Lecturer on Diseases of Women and Children.
D. HAYES AGNEW, M.D., Professor of Clinical and Demonstrative Surgery.
HARRISON ALLEN, M.D., Clinical Lecturer on Syphilis.
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HENRY HARTSHORNE, M.D., Professor of Hygiene.
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The Sixth Course of the Auxiliary Lectures will begin on the last Monday in March, and terminate the last Thursday in June. These Lectures are free to all Students of the regular Medical Course.

R. E. ROGERS, M.D., Dean of the Medical Faculty, University Building.
W. H. Salvador, Janitor, University Building.

P.S.—Board may be had at from $4.50 to $6 per week.

⁂ *Alumni of this Department who are permanently settled, and other medical practitioners, who desire to receive the Catalogue and Announcement regularly, are respectfully requested to send their address to the Dean, P. O. Box* 2630, *Philadelphia.*

Philadelphia, September, 1870

THE

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Original Communications.

CASE OF INVERTED UTERUS.

BY CHARLES WM. COVERNTON, M.D., M.R.C.S., ENG., VICE-PRESIDENT, COLLEGE OF PHYSICIANS, AND SURGEONS, ONTARIO.

Considering that a faithful record of failures would be of as much importance and interest as a jubilant account of success in some unusual and consequently interesting case, I send you the particulars of one that fortunately is known to the profession generally, more from the description of specialists, than from observation.

I had imagined that the case was probably the first for record in Ontario; yesterday, however, I was disabused of that idea, by my friend Dr. Hayes handing me the March number of the Canada Medical Journal, in which I notice three similar ones recorded by Drs. Campbell, Godfrey and Thompson. As these are included in a period of little over three years, and occurred in Montreal, or its immediate vicinity, the question fairly arises whether inversion of the uterus really is of the rare occurrence, it is generally held to be. Also whether an amount of moral courage equal to confession of failure in diagnosis, as evinced by Dr. Campbell at the March meeting of the Medico Chirurgical Society, would not lead many members of our profession to record similar mistaken *fibroid tumors!*

On the 14th of last October, I received a telegram from Dr. Stewart, of Port Dover, requesting me to repair immediately to that town for consultation in an urgent case. On my arrival at his house, I was informed that the patient in question had been attended in her second confinement, a week previously, by another medical man, and that on that morning, the husband had called and requested Dr. Stewart to meet this gentleman in consultation. Unfortunately, one of the too frequent instances of professional misunderstanding interfered with this arrangement, and it was finally decided that the first gentleman should retire, and Dr. Stewart take the management of the case. On visiting the patient he considered her condition so critical that he declined the sole responsibility, and requested that I should be associated with him.

I found the patient lying on her back, knees elevated, anxious, pale, anæmic face, pulse ranging between 130 and 140 in the minute, skin hot, abdomen greatly swollen, tympanitic and intensely tender to the touch, discharge scanty, and highly offensive. I heard that on the occasion of her confinement there had been nothing unusual in the duration or the severity of the labour pains, but that shortly after the removal of the placenta, the medical man had been called in from an adjoining room to attend to her for sudden faintness, and intense pain. These were the only particulars of the labour at that time, made known to me. I diagnosed the case as one of puerperal peritonitis, and agreed with Dr. Stewart on the following treatment:—℞ Pul opii; Quinia disulph āā grs. II.; Pul Ipecac co, grs. IV.; Ft. Pul. This powder to be repeated every three or four hours until sufficiently narcotized, then repeated at longer intervals. Turpentine stupes to be continued to the abdomen until slight vesication resulted; diet, beef essence, milk and brandy, and warm flannels to the vulva, frequently changed. Visiting her the next day, I found the pulse slower, countenance less anxious, abdomen slightly less tender and tympanitic, but severely vesicated by turpentine; ordered a large poultice of slippery elm, and treatment to be continued. I heard no more of the case for six days, when I received a telegram from Dr. Stewart requiring my immediate presence. On visiting the Dr. before repairing to the patient's house, I was informed that she had progressed very favourably until the previous evening, when she complained of great pelvic uneasiness and sense of pressure, that he then for the first time made a vaginal examination, and found nearly filling that canal, a firm fibrous mass, concerning the nature of which he was desirous of having my opinion- I accordingly made a digital examination, and found a gourd shaped hard tumor, twice the size of an egg, lying in the axis of the vagina and which I at first imagined to be a large fibroid tumor that had been expelled from the uterus, at the same time probably as the placenta.

There was yet remaining too much abdominal tenderness to permit feeling for the uterus through the abdominal parietes, therefore, anything approaching to an *ex-cathedra* opinion was out of the question ; I therefore tranquilized, as far as possible, the fears of the patient and friends, and agreed to see her again in the course of a few days. After the lapse of that time, I found the swelling and tenderness gone sufficiently to permit exhaustive exploration.

On hard pressure through the abdominal wall, no uterus could be detected in the pelvis, and with the finger of the other hand in the rectum, I failed equally to find it. I then passed two fingers of the left hand into the *cul de sac* behind the tumor, so as to lift it well above the pubes, and with the other hand pressing over the abdomen, I was able satisfactorily to determine the case as one of inverted uterus. After the acute inflammatory attack she had so recently undergone, I deemed it prudent to defer attempts at reduction until all vestige of tenderness and swelling had disappeared, and therefore suggested to Dr. Stewart the interim treatment of pressure on the tumor by means of inflated vulcanized rubber bags, and the daily administration of belladonna by rectum and mouth, in doses sufficient to insure its physiological action. In this view Dr. Stewart concurred, and it was continued until the 8th of November, when in consultation with other medical men, an attempt at reduction was resolved upon. The gentlemen who kindly lent their assistance were Dr. N. O. Walker of Port Dover, Dr. Coldham of Toledo, Ohio, and Dr. Hayes of Simcoe. The bed being removed from the wall, the patient was laid transversely, with the nates well to the edge, and thighs flexed on trunk. Dr. Stewart administered chloroform until complete anæsthesia was induced. On passing the right hand into the vagina and grasping the tumor, I found it almost uniformly hard and firm, conveying to the touch very little sensation of a hollow viscus.

Having the fundus in the hollow of the hand, I made pressure upwards, whilst with my fingers encircling the sides, I endeavoured to dilate the os and dimple the sides, the left hand by pressure on the abdomen steadying the organ.

After fifteen minutes manipulation, cramp in the hand compelled me to desist, before, however, withdrawing it, Dr. Walker with his arm bare, and anointed, was at hand instantly to relieve me. Drs. Coldham and Hayes successively following. In this way for an hour and a half, attempts at dilatation and pressure upwards were continued. Dr. Stewart then reporting a failure in the pulse, we reluctantly for the time abandoned our efforts, having in that time accomplished only slight dilatation of the cervix, and increased elasticity and softness in the tumor. Very little hœmorrhage attended the operation. Some three or four weeks after this failure the patient was seized with violent hœmorrhage, and did not recover from this attack sufficiently to permit a second effort at reduction, before the 25th of last January. I then repeated the former treatment assisted by Drs. Stewart, Salmon and Hayes. As on the first occasion, I found the bed too low, I had the patient placed on a high table, in the position for lithotomy, and again after more than an hour and a half of uninterrupted attempts at reduction, had to experience the bitter mortification of announcing to the friends a second failure. Viewing our want of success as the result of our inability to overcome the encircling cervix, for I had successfully tried Dr. Noeggerath's method of indenting the cornua, without, however, the happy result, of the fundus following, I advised the husband as soon as his wife was in a condition for travel, to take her to Dr. Thomas of New York, who would probably consider the method by taxis to have been sufficiently tried, and would, therefore, practice the *ultima ratio* of abdominal section, and the use of the steel dilator acting on the principle of a glove stretcher on the constricted cervix, thus dilating it, and returning the organ to its normal position.

After an interval of many weeks, Mr. A., unwilling to subject his wife to the fatigues incident to travel, wrote to Dr. Thomas to come to Port Dover and operate; but on receiving a letter from that gentleman, requesting him to bring his wife to New York, as he could not leave the city, Dr. White, of Buffalo, N. Y., was sent for, and on the 11th of March that gentleman, assisted by Drs. Stewart, Salmon and myself, in an hour and ten minutes succeeded in accomplishing the desideratum we had so earnestly striven for in vain. Dr. White, I am informed, purposes publishing the case in the "Gynæcological Journal," and it will therefore be needless for me to enter minutely into the details of the operation as practised by him. As, however, many of your readers may not see that journal, I will briefly describe the method so successfully employed. *En passant*, I would remark that I can hardly conceive a case that would resist his mode of procedure.

Having elevated the bedstead on four chairs, he placed the patient transversely, with the nates at the edge, and thighs well flexed on trunk ; Dr. Salmon grasping the right leg firmly, whilst I did the same with the left, Dr. White sitting in the centre, and Dr. Stewart at the back, administering chloroform, completes the *mise en scene.*

When completely under the influence ot the anæsthetic, Dr. White introduced a large speculum, and through that a wooden compressor, dilated and slightly concave at the end applied to fundus uteri ; whilst at the projecting end a powerful spiral spring, capable of exercising a pressure of from seven to ten pounds, was attached. With one hand at base of spring, he kept up a continued pressure, whilst with the left in the vagina, he kneaded the cervix and dilated the os. Here I cannot refrain from remarking on his wonderful power of endurance. Ten to fifteen minutes, in the previous attempts we had made, invariably rendered our hands powerless ; whilst Dr. W., after thirty or forty minutes in the exquisitely painful and cramped position for the hand, only faintly indicated by his countenance the distress he must have been enduring. To that power of long continued manipulation, much of his success may, I presume, be attributed. After some thirty or forty minutes of pressure with the hand on spring, he placed it against his breast, and used an amount of force that I, in my simplicity, would have conceived sufficient to rupture the bladder and the whole vaginal attachment. At the end of an hour, Dr. White, as also Drs. Salmon and Stewart, were alarmed at the patient's breathing and appearance, and Dr. W. reluctantly determined on relinquishing the attempt at reduction for the time ; but as, in a conversation I had with her before the operation commenced, I learnt that she was fully determined, if we failed this time, never to submit to further efforts ; I enquired of him whether he thought another ten minutes would suffice for success, and on his replying in the affirmative, I urged him to continue, as in my judgment I considered it safe to keep her for that additional time under the chloroform. The pulse then being most carefully watched, the pressure was resumed, and in less than ten minutes the uterus resumed its accustomed place, and the patient, by Dr. White's skill, rescued from a living death, in the estimation at least of Hippocrates, who, in his aphorisms, says, " Propter uterum est mulier." No bad symptoms followed the operation, and the lady is now able to take moderate exercise. Dr. W. concurred with us, that the inflammatory attack had so thickened the structure of the organ, as to account for our want of success. We had, however, not then received the lesson, of the amount of force that may skilfully be employed without rupturing the vagina.

In conclusion, I would express a hope that, among your numerous subscribers, there may be found many who will be willing in the future to chronicle their failures, equally with their triumphs, being well assured that frequently the former will afford the more instructive lessons of the two.

MEDICAL SOCIETY FOR MUTUAL IMPROVEMENT.

St. Catharines, Tuesday, March 28th, 1871.

Dr. Goodman offered some remarks upon the treatment of croup. He had seen two cases of true inflammatory croup within a few days. In one case he was called in when the patient was nearly in articulo mortis. The child had previously been under the care of a homœopath. In this instance great relief was afforded by keeping the patient in an atmosphere of vapour, but the disease terminated fatally. The other case was that of a child of three years of age, seen immediately after the occasion of grave symptoms. A canopy and vapourizing apparatus were promptly arranged, and the patient was kept respiring the moist warm air for several days, at the same time mercurial action was sought to be induced by calomel and half drop doses of Fleming's Tinct. of Aconite every two hours and mercurial inunction; as improvement became manifest a short dry cough was relieved by small doses of chloral hydrat. Zinci sulph. relieved the laboured breathing and promoted the expectoration of false membrane. The aconite was an excellent calmative, and promoted the action of the skin.

Dr. Mack recommended sulphate of copper in emetic doses very highly.

The Chairman, Dr. Oille, had employed the steam freely, and found the best results from the action of tartar emetic at the onset of the complaint, with hot baths, and emetics of alum to facilitate the expulsion of false membrane as the disease advanced.

Dr. Sullivan recommended iodide of potassium when mercurial action was tardy.

Laryngotomy in this disease was then freely discussed; the general argument being against it, except when resorted to in affections of the glottis and rima glodtidis simulating membranous or inflammatory croup, and the strong argument being the difficulty of inducing guardians and relations to permit the operation until too late.

The Chairman said that he desired to recommend to his confrêres the suggestion of Dr. C. C. Fuller in the last Braithwaite to exhibit drop doses of wine of ipecac as an anti-emetic in sympathetic vomiting. He had tried the prescription with the happiest results in a case of most obstinate vomiting occurring in a child suffering from pertussis, on three different occasions at an interval of several days; the distressing symptoms had been effectually controlled. Dr. Comfort had informed him of a similar result in a case of vomiting in pregnancy.

Tuesday, April 11th, 1871.

Dr. Goodman reported favourably of the effects of chloral hydrat in a severe case of protracted labour, the remedy produced no nausea, but in moderate doses at intervals of two hours afforded great relief.

Dr. G. had also met with an interesting case of cerebro-meningeal congestion in a child. The patient had been labouring under malarial fever for some time, and had been attacked by the cerebral disturbance after prolonged swinging as an amusement. When called in Dr. G. found the pulse slow and laboured, the pupils acting in a remarkably irregular way, oscillating as it were between contraction and dilatation in a fitful manner, stupor, from which he could be aroused so as to reply intelligently, obstinate vomiting, bowels constipated, &c. Ordered one grain calomel every hour, enema of terebinth. and ol. *ricini*; leeches to temple and sinapisms to the extremities. On the following day the patient was better, improvement followed the action of the Bowels.

Dr. Mack then read the following paper on *fibrous tumors of the uterus:*

FIBROUS TUMORS OF THE UTERUS.

BY THEOPHILUS MACK, M.D.

(*Read before the Medical Mutual Improvement Society, St. Catharines.*)

One of the most important organs in the economy of nature, and one also, a large segment of which, in the present state of surgery, is ominously tabooed to the most enterprising confrère, is unfortunately very frequently the seat of a parasitic production—the fibrous tumor—deriving its nourishment from the bosom of a parent, it is ultimately to destroy.

There is no neoplasm which, after having been so confounded with other morbid growths by the old chirurgeons who endowed it with sixteen different names, bewilders the young practitioner more than this. He is met with *in limine*, by "Fibroid" as if it meant something a shade different, "fibrous polypus," as if the fact of its being pediculated altered the whole distinctive character of the disease, or "fibroma," or "myoma," and it is only after a bother, (Hibernice) that he is awakened to the discovery that they are just all one and the same.

Fibrous tumours occur in the cellular tissues and are generally developed beneath investing or lining membranes. Of all anomalous growths which have their seat *in utero* they are the most frequent, varying in size from a hemp seed to an adult head. Unfortunately they have their seat more frequently in the fundus than in the cervix. Smooth or superficially lobed, they have always a spheroidal shape, and are extremely firm to the touch, unless œdematous from undergoing change. They are somewhat elastic and heavy, and sections of these productions bear a nearer resemblance to intervertebral cartilage than to any other natural growth in the body. Portions of their substance may be yellow, brown, or blue, with white lines or bundles of fibres in concentric circles or curves, the fasciculi of the bundles diverging and interlacing; sometimes the fibres are matted into a nearly uniform white substance, sometimes exactly resembling the fibrous tissue of the uterus, in fact a slight alteration may produce the fibrous tumour from the same blastema which gives origin to the uterine fibre. The blood vessels are venous, and are distributed chiefly in the areolar tissue, the vascularity is by no means uniform; some can easily be injected from the uterus, others remain quite pallid; no lymphatics are to be discovered.

Cruveilhier says that the venous system suffices for the simple nutrition of these productions of a low order of vitality, this circulation flows from sinuses or conduits devoid of regular coats in the fibro-cellular tissue, to a net work of veins surrounding the circumference of the tumour, and communicating with the circulation of the womb. Under the microscope, smooth organic muscular fibres are more or less present, nuclei are strewn through the substance, but often we find rather a fibrous appearance than a fibrous structure.

Among the results of degeneration of this morbid structure, two of the most remarkable are the formation of cysts and calcification. The cystic change after an œdematous condition, results in development of mutlilocular cysts, or a single cyst in the periphery of the tumour. This metamorphosis arises from obliteration of the blood vessels creating an infiltration of fluid which. re-uniting at certain points, becomes encysted; sometimes the wall is formed like a geode from the fibrous tissue itself. The fluid varies in colour and consistence very much, being clear straw-coloured and serous, or thickly viscid and dark, or like synovia, sometimes containing more or less cholesterine. Calcification may be compared to the crystallization of saline fluids obstructed in their current and causing the anatomical alteration of the production by the infiltration of calcareous matter due to the obstruction of its nutrition.

Suppuration and gangrene likewise terminate the life of a fibrous tumour occasionally, and under favourable circumstances they are "consummations devoutly to be hoped for." In a few cases a more favourable issue yet takes place, namely,—atrophy.

As to the origin of fibrous tumours it must be confessed that we are at a loss for a satisfactory theory, one thing only appears definite, that they are not hypertrophies of the normal uterine fibrous parenchyma, but independent morbid growths not continuous with the substance of the organ but surrounded by their peculiar cellular atmosphere; they are not exclusively incident to either celibacy or the married state, and are seldom found before the age of twenty-five.

A diagnostic point with reference to carcinomatous diseases is that they are more frequent in the upper segment of the womb than in the cervix.

As the scope of all communications to this society is intended to be eminently practical, I think I shall subserve this design best by the description of a few typical cases selected from memory chiefly. When the fibrous tumour grows into the pelvis submucously it generally becomes more or less pediculated. In the form of a fibrous polypus we are now fortunately able to triumph over the disease very uniformly.

A lady married, mother of children, complained of an obstinate debilitating metrorrhagia for which she had failed to obtain permanent relief for a period of two or three years. The uterus measured about 1½ inches more than it should with the sound, os patulous, and the sound gave the sensation of passing over an uneven surface just above the os internum. The uterus imparted the impression of more than normal weight. Two sponge tents were introduced at an interval of twenty-four hours, the second and larger being carbolized, was allowed to remain about forty-six hours secured *in situ* by a tampon of cotton; upon being withdrawn the vagina was douched for a few minutes with Infus. lini. An examination now enabled the forefinger of the right hand to detect a body engaged partially in the os internum.

The cervix uteri being continuously held with a long single toothed volsellum, used for drawing down the cervix in the operation for amputation of that part, the finger could be used so as to explore the substance, which was ascertained to be somewhat pediculated. The forceps being held by an assistant, a long uterine polypus forceps was introduced as the index finger receded, and by cautious manipulation it was ascertained that the blades held a substance in their grasp, the mass was then pulled down and a hold secured still higher up, where, by traction and rotation, a fibrous polypus was successfully removed about the size of a small plum. Cystic degeneration had occurred in the centre of the growth; after removal solution of persulphate of iron was freely applied, a piece of cotton saturated with a weaker solution of the same was left in the cervix and retained by a tampon in the vagina for twenty-four hours, when it was removed and complete convalesence ensued.

Mrs. ———, æt. 49, although evidently past the climacteric, complained of excessive menstruation, as she supposed it to be, the uterus being much enlarged. Sponge tents having been introduced, and the canal of the cervix fully dilated, a fibrous polypus was discovered with a broad pedicle attached to the upper part of the cervix. A wire cord having been passed round the pedicle with Braxton Hick's instrument and tightened, it was allowed to remain in that strangulated condition for about six hours, when it was crushed through by screwing up the wire, and removed. The growth was about two inches in length and half an inch in diameter, it was an unchanged fibrous production.

3rd. I was sent for by a practitioner to see a lady who, he feared, was suffering from inversion. A dense heavy slightly elastic mass completely filled the vagina, the os uteri could be felt compressing the tumour, and the sound passed fully up five inches within the uterus. The chain of an ecraseur with careful manœuvering was passed up as high as possible, and the ratchet worked until it began to cut; after a few minutes the mass severed from its attachment near the fundus, and by steady traction with strong polypus forceps, it was delivered through the vulva. This tumour was fully as large as a foetal head at the seventh month, a small portion was undergoing fatty degeneration. Strong solution of persulphate of iron was applied to the place where the pedicle had been crushed off, and both uterus and vagina were tamponed with cotton soaked in a weaker solution; a good recovery ensued.

The fibrous tumour will attain an enormous size when, although submucous, it is also in a certain degree parietal.

4th. In this case the woman about 45 years of age sent for me to consult with her attending physician, when reduced to an extremely low state. Within the cervix about two inches from the os uteri could be discovered by conjoined palpation, a large submucous fibrous mass. A sponge tent which had been introduced by the attending physician having failed to dilate sufficiently, I divided the cervix freely with a pair of scissors, the tumour being then steadily drawn down by strong forceps, I made out a narrowing portion, and I could feel its attachment from below the fundus to about two inches from the os, upon the right side. It certainly was not a pedicle, yet I considered that the surface left exposed would not prove to be too extensive. The wire cord of Braxton Hicks' instrument was placed as high up as possible, but broke upon tightening, the chain of the ecraseur was then made to crush off a large segment, and several smaller pieces having been detached by the nails and torn away by the volsellum, or strong serrated forceps, the ecraseur was again employed, and another large piece removed. As the patient had been upon the table nearly four hours, and as much more than three-fourths of the growth had been removed, it was thought prudent to desist; styptics were applied and she convalesced without any bad symptoms. The growth appeared to be intermediate between the submucous and the parietal tumour.

The frequent hœmorrhages in these tumors are caused most probably by the rupture of the veins between the fibres in the cellular tissue. A lady aged 30, sterile, came to me from one of the south-western States, to be cured of what she considered to be "incessant menstruation." Upon dilatation of the cervix, I found near the fundus a hard irregular submucous growth, with a broad base, around which I managed to get the wire of an ecraseur, and I easily crushed off a mass about the size and shape of a cow's teat; this tumor was gritty with calcareous matter and pieces of what resembled bone, with fibrous fasciculi and fat. After one year the tumor returned, when I again removed by torsion and evulsion with a forceps a much smaller fibrous mass, and a month or two subsequently I used a curette freely, and after a couple of weeks more, applied acid nitrate of mercury to the lining membrane of the uterus. It is now nearly eight years since the treatment and the lady has enjoyed excellent health.

An illustration of a parietal fibrous tumor occurred in a lady who came under my care for metrorrhagia and leucorrhoea, she was about 22 years of age, married, but childless. The tumor rose up above the pubes, and appeared to occupy the anterior half of the body of the uterus. The cervix was divided bilaterally as high up as possible, with great relief; after several weeks an incision was carefully made into the fibrous mass. Two or three months after her return home an immense evacuation of pus took place *per vaginam*, and the tumor diminished greatly; about a year after this occurrence she became a mother. Under this treatment, I have seen atrophy of the production on a few occasions, and almost invariably great relief to the hæmorrhagic symptoms. In enucleation, or incision, or electrolysis, or cauterization of these parietal fibrous growths, I believe the danger to be chiefly from septicæmia.

I am sorry to say that there is only one little manœuvre; that of pushing the tumor above the brim when it has increased in size so as nearly to fill the pelvis, which can afford to the poor sufferer any relief when the fibrous growth is subperitoneal. When cysts are developed the fibro-cyst may be evacuated with benefit.

Mrs. ——, of Gowanda, New York, consulted me for an abdominal tumor. For many reasons I diagnosed a cyst attached to the uterus and not ovarian; I evacuated the cyst *per rectum* and secured a drainage tube within it upon removing the trocar. This woman appeared temporarily much relieved, and I lost sight of her.

Mrs. Bender, aged 47, mother of thirteen children, five years previously complained of uneasiness in the hypogastric region. Menstruation became irregular about two years ago, when she supposed that she was pregnant; then she had metrorrhagia, then a suppression for three months, followed by an excessive flow for six months, another intermission and then a metrorrhagia, which has continued for nearly three months, up to the time of this report, March 1st, 1871. Mrs. B., first consulted me for what she supposed to be dropsy. She stated that the abdominal enlargement had commenced about three months before, and that it gave her great distress; she had previously suffered from pain in the right iliac region, which was now more urgent in the mesial line with bearing down and bloody discharges from the vagina. External examination shewed the abdomen to be greatly distended by fluid, dull on percussion, no wave to be detected. The uterus was enlarged and eroded at the os; but no tumor could be discovered upon exploring through Douglass' cul de sac. Urine normal in quantity and character, appetite failing. The symptom most complained of was the abdominal distension; the limbs were not anasarcous. Diagnosed an ovarian tumor (cystic) and ascites. She was treated with constitutional remedies to improve the general health, and upon the 18th of March, her friends insisting upon an operation, after all the dangers being fully explained to them, she was completely anæsthetized, by Dr. Alexander and assisted by Drs. Goodman, Sullivan, Oille, Comfort, and my brother, an exploratory incision was made. Upon opening the peritoneum, a thin sac filled with fluid immediately protruded through the incision, which it followed as it was enlarged. Upon introducing the hand, it was evident that the cyst was not ovarian, a trocar was introduced and about two gallons of a straw colored thin serum was evacuated, and the sac drawn out, when it was found to be attached to the fundus uteri and to contain a fibrous tumor at the bottom, about the size of a cocoa-nut, united by a pedicle to the top of the womb anteriorly. The upper surface of the tumor viewed from within the sac was purple colored, with several small cysts rising from it. After some hesitation I decided to remove the tumor and cyst, for the following reasons:—Firstly, the examination had extended far beyond the limits of an ordinary exploration with abdominal incision. Secondly, to cut off the cyst and secure it externally was impracticable from the tenuity of its texture; to return it, and unite the wound would seem very likely to produce a number of evil consequences. Thirdly, there was a distinct pedicle and it was at a spot most favourable for securing it by clamps, and lastly, it was quite evident, from the rapid growth of the cyst, that the tumor if allowed to remain would soon prove fatal. The pedicle was then secured by clamps, ligatured by whipcord and divided by the ecraseur and the subsequent steps, after gastrotomy, as fully described by me in a successful case of ovariotomy, to this Society at a late meeting, having been completed, I felt some hopes of a successful result. For three days she did well, but on the fourth she began to sink, and died on the morning of the fifth day, from septicæmia. Upon *post mortem* examination, a small quantity of thin partially decomposed blood was found in the pelvis; of this we had no indication, although vaginal examinations were daily made, so as to open with a trocar and douche the pelvic cavity, if any fullness from extravasation could be detected. Traces of incipient cystic disease were found in both ovaries, the peritoneum deeply colored. Such is an instance of the degenerating submucous fibrous growth, which no man can diagnose without peritoneal section. I shall always regret that this operation should have been so imperfect, and I recommend in any similar case the removal of a portion of the uterus, ovaries, and fallopian tubes, so successfully effected by Dr. H. R. Storer, of Boston.

SYNOPSIS OF MEDICAL WRITERS ON THE NATURE OF CONSUMPTION WITH THE MODERN RESEARCHES OF CHEMISTRY AND THE MICROSCOPE.

BY C. B. HALL, M.D., TORONTO.

Under the name of Marasmus, Tabes, or wasting, the disease known in modern times by the name of Consumption, has been studied and more or less properly understood, from the very earliest ages.

In the sacred book of Leviticus it is one of the "plagues walking in darkness," with which the rebellious Israelites were threatened, when it received the name of consumption. And still earlier if we are to pay any regard to Manetho, the famous Egyptian writer, who, according to the report of Eusebius relates that Athotis, an Egyptian king, wrote a treatise on anatomy and diseases of the lungs. This king, if the Egyptian chronology was to be depended on, lived many ages before Adam. It is also related of Hippocrates, that being called upon to cure Demetrius of supposed madness, found him dissecting animals in order to discover the causes of diseases of the lungs, upon which the learned doctor reported him not only in his senses but the wisest of men.

Success, however, followed far in the rear, and but poorly rewarded the faithful laborer; for we find a Pupil of the really learned Pythagoras describing respiration from a very limited knowledge of the facts- "As soon," says he, "as the humidity, of which there is great store in the first formation begins to be diminished, the air, (insinuating itself between the pores of the body) succeeds it; after that the natural heat by its tendency to make its escape, drives the air out, and when this natural heat enters the body again, the air follows it afresh; the former of these actions is called inspiration, the latter expiration, (Junty.) Notwithstanding the increased knowledge given us by Histologist, chemists and microscopists, in a popular sense, Consumption is considered a disease solely of the lungs, and so has been from the very earliest records, till within the last few years, nor is it yet satisfactorily explained why the tubercular deposit almost invariably finds its resting place in the parenchyma or sponge-like substance of the lungs. The different varieties of the old writers having passed away—I need not allude to them—for since the period of the distinguished introducer of Stethoscopy, Laennec, pathologists have generally admitted but one species of phthisis, the tubercular, and have considered that the existence of tubercles of the lungs constitutes the proper character of the disease, though Dr. Dunglison thinks it may be well to include under the term, all those forms of disease of the lungs which arise from the formation of tuberculous matter, or of deposition and indurations, which are allied to it, in the substance of the lungs.

Wherever tubercle is found it is in a solid state and consists of about 98 parts of animal and two of saline matter, comprising chloride of sodium and phosphate and carbonate of lime. Some of them, however, almost entirely calcareous, consisting, according to the analysis of Dr. Marshall Hall, of only three parts animal and ninety-seven of saline, mostly phosphate of lime with some carbonate of lime and carbonate of magnesia. There can be no doubt that tuberculous matter as it escapes from the blood is more soft and fluid than as generally found, and while in this state capable of being acted upon by the absorbents, and affected by the medical properties of Iodine, Bromine and Mercury.

Gerber maintains that albuminous or unorganized tubercle can only be produced from exudations abounding in albumen and poor in fibrine, and that such exudations are more likely to occur from blood which possesses less of the plastic or fibrinous material.

Virchow says that tubercle is not developed exudation, but merely metaphorphosed pre-existing tissue elements, to which in their primary state, the name of tubercle could not be applied, and that consequently the tubercular metamorphosis is not the mark of a specific process of a particular constitution, and that tuberculization the indubitably local process by which the body described by the name of tubercle is formed, is not a peculiar specific exudation, but a peculiar transformation of tissue element. This corresponds with Bennett's view of the tubercle being formed from the simple exudation of the liquor sanguinis and converted into tubercle proper by the deficiency of the plastic, or as he terms it, the oily elements. Mr. Gulliver has examined with great care the minute texture of tubercle, and says, " the animal substance is mostly granular matter formed in cells with nuclei,—the cell walls breaking down with the increase of the tubercle, but if so they are not able to develop themselves as ordinary cell tissue, their primitive cells can only retrograde and degenerate, since they are wholly destitute of plastic force from the beginning.

Dr. Theophilus Thompson, writing from the most extended observation has published a most elaborate work on the microscopic signs shown in the sputum in the different stages of the disease. He says, " in the formation of the epithelial cells we can trace three stages, *first*, that in which a granular nucleus is apparent, *secondly*, that in which a vesicle takes the place of the granular nucleus, and *thirdly*, the period of decay; it would seem to be at the time when the albuminous element gains on that of the fatty or granular, that the first discoverable indications of phthisical deterioration occur, but whether the cell granule is from the first formation faulty, or whether any influence arises subsequently to check its healthy progress, we cannot at present determine.

Dr. Fourcault of the Academy of Paris, a well known physiologist, published in 1844, a paper on the prevention of tubercular development which he altogether attributes to sedentary habits, inactivity and seclusion, which he says, " generate them by diminishing the functions of the skin and driving back into the torrent of the circulation the materials which the cutaneous surface ought to have eliminated, alterations of the blood are thus produced and these various kinds of cachexia ensue," indeed he maintains that most chronic diseases are attributable to two principal causes, the want of muscular exercise and damp, which causes it to act mainly on the cutaneous surface producing the phenomena above stated; this simple paper, though following in the footsteps of Sir James Clark, Lanis, Lænnec, and Scudamore, produced a wonderful amount of good by unearthing, as it were, the poor victims of this hitherto imprisoned and imprisoning malady. Double doors and windows to the entire exclusion of all pure air was the fate of the first symptoms of tubercular formation.

Dr. Leared, Physician to the Royal Infirmary for diseases of the chest, published in 1864 a report on some five hundred cases treated by the hot air bath, (as an adjunct of course,) in which he shows a great advantage in its use in all the different stages, and concludes with the remark, "if it unfortunately fell to my lot to be affected by phthisis I should give the hot air bath the fullest trial." Following this Regnauit and Reiset completed their report on respiration, detailing many curious experiments on birds and mammals, showing the important part taken by nitrogen in the economy and its action on respiration. Dr. Le Couppy, a French physician of the time, opposed the principle, as the cure could only be effected before the tubercles were in contact with the external air.

Schrœder, Van der Kolk, Mulder, and Liebig, about this time gave the profession the results of their extraordinary investigations. Schrœder gave his microscopic examinations of the sputa, showing by plates the appearance of the three different stages of the disease. Mulder gave the result of his experiment on the blood, showing the increased quantity of water and the specific action on it of acids containing no hydrogen, as oxalic, tartaric, carbonic, and carbonic oxide, and Liebig promulgated his theory of the development of animal heat by purely chemical changes, and the oxydation or arterialization of the blood by the action of certain salts; thus relieving the lungs from what had been considered their peculiar duty, and adding greatly towards the cure of consumption by keeping, through these salines, the blood in a more healthy state, when the lungs were incapacitated. Mulder says "it is not necessary that the bright red color of the blood "should be owing to oxygen, or the dark to carbonic acid, because the "same change of color can be produced by solutions of entirely neutral "salts which do not disengage oxygen, as saltpetre, sulphate of iron, &c."

Professor Hughes Bennett, than whom perhaps no man in the profession has done more for the elucidation of this most intricate disease, has clearly shown the microscopic and chief chemical changes, not only in the formation of tubercle, but in the further progress to the termination either in dissolution or restitution.

The chief and perhaps only true cause is hereditary and in this frequently passing over one or two generations, lying at times latent for several years, and at last brought into action by cold, exposure to wet, sudden transitions from heat to cold, living in over crowded rooms, and without proper care in changing clothing, in passing from overheated rooms and workshops to the cold damp air. Thus you find it among tailors, compositors, metallic grinders, and those unfortunate and injudicious people who persist in following an occupation to which they have become attached, but lack physical endurance to bear its fatigues. And this applies as well to mental as bodily labors, indeed Dr. Thompson, (to whom I have referred) alludes to depressing mental impressions as predisposing to phthisis, the terms "breathless anxiety," "breathless suspense," are not mere metaphors, any unnatural retardation of the respiratory act must be calculated to produce pulmonary congestion, and to take most effect in those parts of the lungs which in the ordinary condition are most actively engaged.

This may also be explained by the unfavourable effect produced by mental depression on digestion, and may thus predispose to various disorders. All these unfavourable influences may be regarded as producing their effect, first by deteriorating the supply of blood and secondly, by occasioning congestion of the lungs. Mental depression and bad air, in all probability, alike retard the respiratory act.

Blood in its healthy state shows an alkaline reaction, and this is greatly increased in the tubercular diathesis, and still more as the disease progresses; but one of the striking peculiarities of the consumptive tendency, is the increased quantity of water in the blood. Many months before any appearance of tubercle, or even suspicion of danger, the corpuscles, or blood gobules can be seen floating in the increased serum, detached from one another, and lying in irregular order.—(Rainey.)

So also may be observed, long in advance of marked constitutional disturbance, the greater acidulous action on the mucous surfaces, rendering the albumen more soluble, and more easily carried into the circulation, and mingled with the blood, thus pre-disposing to the formation of terberculous deposit.

Dr. Hutchinson of the Brompton Hospital for consumption, invented an instrument called the spirometer, for testing, by powerful inhalation of atmospheric air, the vital capacity. In some hundred cases examined, he found the average reduction after the second stage, or after softening has commenced, to be more than fifty per cent, whilst in the first stage, that before softening, about thirty per cent, from which he concludes, that when an individual expires his average quantity, it is fair to assume that he is free from tubercular disease ; and when the quantity nearly approaches the average, we may reasonably conclude, that the tubercular disease, if existing, has made but little progress.

It is well known that the appearance of the gums indicates lead poison and other affections of the blood. This led Professor Thompson, to draw up a table showing this state in consumptive subjects, in which he shows " a mark at the reflected edge of the gums, usually deeper in colour than the adjoining surface, this mark, being in most cases a mere streak, in others a margin, sometimes more than a line in breadth. In the most decided cases, this margin is of a vermillion colour, inclining to lake, as a general rule, the line is most distinct around the incisor teeth, but it is frequently apparent also around the molars. Rainey's and Van der Kolk's plates exhibit cases where the discs, instead of retaining their proper outline, become stellaform serrated, or corrugated, especially cases which are proceeding badly. When these marks are more apparent, it is not uncommon to find hypertrophy of the border of the gum, suggesting an analogy to the tightened and deep coloured skin around the border of the nails, attending even slight degrees of clubbing of the fingers. The altered aspect of the gums seems to precede any obvious change in the fingers. The diffused inflammatory redness resulting from the administration of mercury, or other irritating medicines, is readily distinguishable from the clear defined border of the consumptive.

Thompson says," I believe this line to have much diagnostic value in early, or still more in threatened phthisis, when unaccompanied by any other morbid condition adequate to explain its occurrence."

Though deficient and improper nourishment has much to do with the development of tubercle in after years, still we cannot overlook the natural tendency in the purely hereditary case, where the originating elements are first apparent in the mesenteric glands, when a disturbed and hurried function, a condition short of that which induces scrofula or enlargement, occasions an imperfect performance of their part in the formation of healthy blood. Healthy nutrition consists in the proper admixture of mineral, albuminous and oleaginous elements ; or, as they have been termed, carbonized and nitrogenized; or, as they are called by Liebig respiratory and sanguineous elements of food. This process can be entirely controlled from early childhood, and, therefore, much can be done by carefully regulating the proper supply of nutriment in the growth of any person when a predisposition to the disease exists.

Previous to the time for lung disease to be peculiarly manifested, there is what has been called the brain era, in which there is a tendency to tubercular deposit in the soft substance of the brain. Precocity, terminating in hydrocephalus is in such instances common ; it is amongst such we find individuals pale and prematurely wise, "exhaling like the early dew before the morning sun."

It is in these cases that Mulder has pointed out the peculiar state of the blood, and that it is then subject to chemical changes and capable of being acted upon by chemical agents, such as the acids void of hydrogen as oxalic. Wood sorrel (oxalis acetosella) known to abound in oxalic acid, has been used beneficially in a very early day for those cases marked by the gums above described. These are cases bearing the clear stamp of hereditary tubercular consumption, engendered in infancy, fostered in childhood, developed in maturity—growing with their growth, and strengthening with their ttrength ; and like the over-ripened fruit, proceeding to decay ere the bloom of perfectness has faded from its cheek.

Exudations may be produced in the lungs, the results of congestions entirely freed from any taint of the disease, but so completely simulating as almost to deceive the most skilled. For three or four years there has been a patient attending the Toronto Dispensary with extensivesolidity of both lungs, incessant cough, excessive expectoration, and general symptoms of phthisis. Yet he continues coming with his bottle, and may continue to do so. This man, I need not tell you, has not pure tubercular deposit; it is a mere vascular exudation, and capable of being absorbed, though the deposit may be as constantly rerenewed. In his case, iodine, with gentle expectorants and cod liver oil to grease the wheels of his chariot, may enable him to finish his course.

I quote again, from Dr. Thompson, "the vehemence of cough " bears no relation to the severity of pectoral disease. It is sometimes " a symptom of hysteria, and connected with chest affection. " When hysteria is associated with incipient phthisis, it will " often be observed that it is remarkably modified in its pheno-

"mena, not exhibiting its more common symptoms of globus hysteri- "cus—laughing, crying, &c.; but by aggravation of cough, and even "by capricious and inordinate hæmoptysis." Stokes speaks of a peculiar deposit in typhus fever, producing a softening of organs, and is a matter of great practical importance. Tweedie holds the same views regarding bilious and common fevers, the result of congestions and exudations during the run of the fever. A case is mentioned by Dr. Crasse, of a patient who was affected with obstinate cough, in which there was a hereditary tendency to consumption. The aspect was rather unpromising, and there was dullness on percussion in the right subscapular region; but the absence of any tubercular element in the sputum, when microscopically examined, encouraged a favorable prognosis, successfully confirmed in the issue.

A few years ago, a patient from the west consulted me about a great suffering in his head, of two or three years standing. The marks of the free use of cupping were apparent on and about the temples. There was no cough or complaint of the chest. I could not detect any abnormal sound, but from the microscopical examination of the blood and sputum, I suggested the possibility of tubercular danger, and wrote this to his physician. He could detect nothing amiss with the lungs, and doubted the correctness of my diagnosis. In two years he died of consumption, and a *post mortem* showed nothing wrong in the head.

So also there is, as the result of pneumonia, extensive deposit, causing solidity, with softening, breaking down, expectoration, with destruction of great part of the lung, and at last carrying off the patient with night sweats, hæmoptysis, prostration and decay. These cases are sometimes called acute phthisis, running their course rapidly, either checked by proper treatment or ending in dissolution in a few months, though some cases have been prolonged into years. The pathology of all such cases is perfectly understood, and the treatment clearly enough laid down, nor is there any peculiar or extraordinary change in the blood, to produce a deposit like the proper tubercle, causing, as it does, destruction of adjoining tissue from its abnormal elements; not by ordinary inflammatory action, ending in pus formation, but in a peculiar process described by Liebig, as distinct from the process of decomposition, named fermentation and putrefaction, but not less striking in the changes which occur. A slow combination or oxydation,—a gradual combination of combustible elements of the body to which he applies the term *Eremacausis* or decay—the conversion of wood into humus—the formation ot acetic acid out of alcohol, are cited as of this nature. There is no example of carbon combining directly with oxygen at common temperatures, but numerous facts show that hydrogen, in certain states of decomposition, possesses this property, (Leibig), though distinct from putrefaction, there is no doubt a similarity which enables them to replace one another. All putrescent bodies pass into a state of decay when exposed to the air; and all decaying bodies into that of putrefaction when air is excluded. All bodies, likewise in a state of decay, are capable of inducing putrefaction in other putrescent bodies By this process alone can we properly account for the softening and destruction of tubercle.

The symptoms are unfortunately but too well known. One of the first is difficulty or irregularity of breathing. "Healthy respiration," Dr. Marshall Hall says, "is performed with ease and freedom, and without the aid of auxiliary muscles in any of the usual positions of the body." It is effected by a nearly equal elevation of the ribs and depression of the diaphragm, except in females, in whom the thorax is observed to move more than in males. Each side of the thorax moves also in an equal degree, and inspiration and expiration occupy nearly equal spaces of time, which, varying as they are given by different authors, may be set as eighteen in a minute.

A quick pulse with increased temperature—anæmia, with loss of power—loss of weight—general emaciation, with a feeling of incapacity —causing the poor sufferer to be accused of lazyness or idleness, may be suspected as foreboding symptoms. However, the chief and almost only indication is the hereditary taint and the age at which disease has appeared in the family.

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CORRESPONDENCE.

(To the Editor of the Canada Lancet.)

Sir,—In your last number I read with satisfaction your comments upon the "contemplated Medical Act" for the Dominion, and cheerfully endorse many of the points by you so ably discussed. I received a copy of this Act and find a defect in clause XLIII. similar to that existing in the now "Medical Act" for Ontario, that is, in default of payment of the fine imposed that no penalty is attached such as imprisonment for ——— days. This, Sir, I would consider a very essential amendment to the clause, for many, in fact the majority of those infringing upon the law, and that clause in particular are travelling Quacks, from whom you cannot collect, after conviction, the penalty imposed, and who may snap their fingers at you and say, "go as far as you can, I have nothing you can touch." The money which they swindle out of the poor dupes who consult them (many of whom are to be found in every community) is pocketed and therefore beyond the reach of the law. A similar amendment I see was adopted to the clause immediately preceding, but it is just as necessary to the one to which I have reference.

Again, I would suggest the propriety of amending clause XLV, by having it read thus after the word paid "one half to the informer, and the remaining one-half to the Treasurer of the General Council." The great necessity for this is to offer an inducement to parties outside of the profession, for popular sympathy would be very readily extended to the victim of the law and against any member of the profession, more particularly, if he were the informer. The general council could name a party as preventive officer in each electoral division or district, similar to those appointed by county councils to afford protection and enforce their laws.

Yours,

A PRACTITIONER.

Glengarry, May 13th, 1871.

(To the Editor of the Canada Lancet.)

DEAR SIR,—At the quarterly meeting of the "County of Perth Medical Association" the contemplated Dominion Medical Act was made the subject of discussion, and after having been thoroughly discussed it was unanimously resolved, "that in the opinion of this Association it is undesirable to have any further medical legislation in Ontario for the present." Many considered it desirable to have a Dominion Act in due time, but thought that as the Ontario Act was serving a good purpose in hugging Homæopathy and Eclecticism to death, it would be unwise to interefere with it until people had learned to see that no student, with his head in the right place, would desire to be examined in these systems, when he can just as easily pass the regular examination. In fact, should he prefer these systems, he is at liberty to treat his patients in any way in which he thinks he can cure them the quickest, even if he has passed the regular examination.

A. EBY, M.B.

Sebringville, May 14th.

DEATH FROM ETHER.

In the May number of the *Lancet*, I observed an article under the above heading, and perhaps in this connection the following may not be uninteresting, though it is very imperfect, as I write from memory.

In September, 1863, while attending the Pennsylvania Hospital in Philadelphia, a woman was brought into the operating theatre to have a large tumor removed from one of her cheeks. She was etherized, and considerable progress had been made in the operation when the woman suddenly died. A *post mortem* examination was made, I think by Dr. Pancoast, but no cause of death was found; no explanation as to the probable cause of death was given, and it seems never to have entered the mind of any one, that the woman died from the inhalation of ether. The Americans at that time held that ether would not cause death, *ergo* it would have been absurd to hold that the ether had caused death in this instance.

No public report of the case was made, but it was impressed on my mind as a case of death from ether. I had previously seen a case of death from chloroform in the Toronto General Hospital, and the similarity of the death in both cases was so great that it struck me at once that the cause must have been similar.

A. E.

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(To the Editor of the Canada Lancet.)

Sir,—Your classical correspondent who wishes to conceal himself behind the signature *Omicron* has, in his attempt to be critical, mentioned some of the articles one should have in his "kit," who sets out to travel on his way to "surgical distinction," so that he may neither stumble nor fall by the way. Perhaps he will permit me to add to the list given by him. Besides "a proper pilgrim's staff," I would suggest a strong pair of leg boots; they will serve to protect his feet from the "hard road" so that he will not be so likely to fall —fall it may be among thieves; not certainly thieves who would steal "trash," but who would not hesitate to try to "steal his good name." The leg boots would be further useful in two ways; one of these need not be mentioned, the other is by protecting the heels form any consequential cur that might pop out from behind the fence to snap at him.

But, sir, Omicron is unnecessarily concerned about my "aspirations to surgical distinction." My ambition consists in trying to discharge my duties to the best of my ability. Since I became a member of the medical profession, 17 years ago, I have pursued this course, with a share of success and of failures. I may not have attained to the distinction I will suppose Omicron has secured, but I have, at least, this satisfaction, that I have never sought reputation by trying to defame another.

With respect to the case in question, although I have no occasion to shrink from the responsibility that belongs to me, I feel it right to say that the course I took was not contrary to any advice I was favored with. As to the question in pathology, about the position of the stone when removed, the "graphic illustration" supplied seems singularly appropriate to the case. I can imagine the blank surprise which would have rested upon the face of Omicron's Hibernian friend, so fresh from the Milesian fields, had he been told that a stone swallowed could not fall directly into the bladder, and I fear that the former "student of Sir William Ferguson" will catch for his "bated breath," when I say that the merest tyro in pathological anatomy can easily understand how a stone, gradually increasing in size, may dilate the neck of the bladder, even to the dimensions of a billiard ball.

I regret, Mr. Editor, that the necessity has been laid upon me of replying to an anonymous personal attack. While I have given the attack such attention as it seemed to deserve, it would have been a pleasure to have answered a manly and courteous enquiry over any gentleman's name.

Yours, &c.,

WM. CANNIFF.

Toronto, 17th May, 1871.

A CASE IN PRACTICE.

To the Editor of the Lancet.

SIR.—On the 10th of March last, Thomas W., aged about 23, called upon me to seek relief from a very "severe" affliction, as he stated.

According to his own statement, some months ago, while residing in Albany, N.Y., he contracted a severe form of syphilis; but consulting one of the learned physicians of that place, and adopting his mode of treatment, he considered himself cured. Soon after his return to Canada, however, the disease again appeared in redoubled fury. He now complained of numerous excrescences which had made their appearance upon and around the perineum, buttocks, and scrotum, some of them even extending to the vicinity of the groin. Upon examination, I found these excrescences exceeedingly large, being about the dimensions of a medium sized almond. Of these, the free portion exceeded in size the adherent, giving to the tumors a pedunculated aspect. From the friction to which they were exposed, they were very irritable, and so sensitive that the patient was able to walk only with exeecding difficulty, being obliged to assume a crouched position, and move with extreme caution. They were humid, and secreted a muco-purulent fluid, of most disgusting odor, rendering approach to the person extremely disagreeable. This fluid was copious in quantity, and seemed to be increased by the irritation to which the excrescences were continually exposed, and the secretion of this discharge also seemed to foster the growth of the disease. These growths I considered as *condylomata*, and proceeded to the treatment accordingly. From the nature of the case, I found it necessary to employ both constitutional and local measures.

The *constitutional* treatment was as follows: I first prescribed a brisk cathartic, consisting of Leptandrin, Podophyllin, and Hydrargy. chloridi mitis. This acted freely on the bowels. After this preliminary, I ordered the following:

℞
Hydrarg. Bichloridi grs. v.
Potass. Iodidi. grs. c.
Aqua. Pura. iv. oz.
Infus. Quassia. viii. oz. Ft. Mist.
Sig: Coch. mag. ter die.

As the patient complained of immense pain, sufficient to disturb his slumbers, I found anodynes indispensable, and accordingly prescribed Cypripedin and Hyoscyamus, which served the purpose admirably.

As the susceptibility to this gradually wore off, belladonna was substituted, and finally opium, in half grain doses, increased to one grain at bedtime, given in pill form.

The compound of potassium iodide, and mercuric chloride, was alternated with the following, which I have found to serve a most admirable purpose, as an anti-syphilitic, even where potassium, iodide and mercury have apparently proved ineffectual. It is this :—

℞.—Stillingin, grs., xxx.*
Corydalin, grs., xxv.
Podophyllin, grs., ii. M Ft. chart, No. 15.
Sig : unam ter die.

The *local* treatment adopted consisted of thoroughly cleansing the parts with tepid water, thrice daily, and an application of dilute nitro-muriatic acid or chromic acid once in the twenty-four hours; the latter is to be preferred. Complete rest, as nearly as possible, was enjoined, and in the intervals after each application of the acid, the patient was ordered to dust the parts with *creta preparata*, or with zinc carbonate. The whole was to be confined with a bandage. To neutralize the fetor of the discharges, Liquor Sodæ Chlorinatæ was used.

In addition to the above, the bowels were occasionally cleansed with a compound of Leptandrin, Podophyllin, and Mercurous chloride.

Under the above treatment, the patient has made a rapid recovery, and is now enabled to resume his vocation. The treatment is still continued, and will be for some time after every vestige of the disease has disappeared, to prevent a relapse.

J. G. Cornell, M.D.

Toledo, May, 1871.

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* *Stillingin* is the active principle of the Stillingia sylvatica, commonly known as Queen's delight, a remedy which has long had the reputation of being one of our most powerful alteratives. *Corydalin* is the active principle of Corydalis Formosa (staggerweed). It combines most energetic alterative and resolvent powers with exceedingly valuable tonic properties, neutralizing and deterging, and promoting depuration, at the same time giving tone to the various organs concerned in the performance of these functions. With the properties of Podophyllin, the "Vegetable Calomel," all are sufficiently well acquainted.

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of every Month.

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto*

TORONTO, JUNE 1, 1871.

VACCINATION.

As we are at present threatened with an epidemic of small-pox, the subject of vaccination forces itself upon our attention. There can be no doubt about the efficacy of vaccination as a preventive of small-pox, and therefore the question that naturally arises is, how can it be best carried out?

There is a class of individuals that may be called vaccino-phobists who object to vaccination on the ground that not only does it not afford protection to the individual, but is also in many instances the means of producing irreparable injury to the system. It would seem scarcely necessary to notice such foolish objections, but if anything were wanting we have only to refer such persons to the reports lately published on this subject. Dr. Bridges of the Temporary Hospital for small-pox, at Hampstead, Eng., states that of 280 patients admitted during the late epidemic, 196 had been vaccinated and 84 were unvaccinated; among the vaccinated 8 deaths occurred or four per cent., while among the unvaccinated 27 deaths occurred or thirty-two per cent.

Dr. Cortis, a member of the Metropolitan Sick Asylum Board, mentions in support of vaccination, that out of 200 patients admitted into the Hospital, one-third of the deaths occurred among those who had not been vaccinated. While among those who had been vaccinated only one in twenty-four fell victims to the disease, and they were chiefly among those advanced in life, and who had partly lost the protecting effects of early vaccination. And Mr. Simon medical officer of the Privy Council, Eng., in his report to the Parliamentary Committe on Vaccination, mentions that in Rotterdam, with a population of 121,000, the deaths from small-pox per week were 116. At the Hague with a population of 92,000, a still higher rate prevailed, viz: 121 per week. This great mortality was owing to the fact that in Holland the vaccination of children was deferred until they were over seven years of age.

In order to prevent the spread of an epidemic, stringent rules should be observed and enforced, and public vaccinators appointed in all towns and villages. In Toronto the matter has been taken up by the Council, and public vaccinators appointed, one for each ward, and the authorities of other cities, towns, and villages should do likewise. But while every facility is made for the proper and careful performance of this duty, by the appointment of medical officers, an effort should also be made to enforce parents and guardians to present their children for vaccination.

It is generally believed that the best time for the vaccination of infants is about the sixth week. This period for vaccination is rigorously enforced in London, Eng., unless from the extreme delicacy or ill health of the child, it cannot undergo the operation. Hebra states that in Vienna it is the custom to vaccinate in early infancy, and that infants of ten to fourteen days old are often vaccinated without any injurious effects being observed, and he also advocates vaccination at this age. He seems to think that several marks are not necessary in order to secure the person against small-pox. Whilst other writers, especially English, consider that three, four or more vesicles are absolutely necessary to afford protection. Many good practitioners are of the opinion, however, that it is not so much the number of vesicles, as the successful nature or perfection of the vesicle which affords the best security. Great care should also be exercised in the selection and preservation of vaccine matter. The seventh or eighth day is usually considered the best time for the selection of lymph for future use, and this may be done by putting it between square plates of glass, or on ivory points or points made from goose quills, or by hermetically sealing it in capillary tubes, care being taken that the lymph may not be destroyed by heat. Crusts are the most convenient form for general use in the country, but great care should be taken in their proper preservation; they should be first enveloped in fine tin foil and bibulous paper then coated over with wax, and afterwards covered again by tin foil, and kept in a moderately cool place. They should never be carried for any length of time in the pocket, as the heat of the body will be certain to affect them by producing a kind of fermentation or decomposition, and accidents have not unfrequently occurred from vaccination with such matter. The lance, which after all is preferable to any other instrument, should be perfectly clean and sharp.

Some have supposed that lymph when transmitted from arm to arm for many years, or what is called long humanized, loses its effect to some extent, and therefore it is recommended to renew it occasionally from the cow. This is a very important subject, and one regarding which there appears to be a good deal of difference of opinion, and in the present state of our knowledge it would seem to be the wisest and safest course to renew occasionally. Humanized virus, which is two or three removes from the cow, would seem *cæteris paribus* to be most certain in its action, and therefore best calculated to afford protection.

The subject of revaccination is another subject which has lately engaged the attention of the medical profession in England. Mr. Simon, the medical officer of the Privy Council, has recently published an important memorandum on this subject. He believes that, by a successful vaccination in infancy, most persons are insured for a lifetime against an attack of small-pox; and that, in the proportionally few cases where the protection is less complete, it will, on account of the vaccination, be generally so mild as not to threaten death or disfigurement. There is, unfortunately, a vast amount of imperfect vaccination, and consequently every population contains many persons who, though nominally vaccinated, are liable to the disease. It is, therefore, advisable that all persons who have been vaccinated in infancy, should, as they approach adult life, be revaccinated. The best time for this is when growth is about completing itself, that is, from fifteen to eighteen years of age. If, however, there is prevalence of small-pox in the neighborhood, or if individuals are exceptionally exposed to infection, the age of fifteen should not be waited for, especially in the case of young persons in whom the marks of previous vaccination are unsatisfactory. Revaccination, once properly and successfully performed, does not appear ever to require repetition. In proof of this assertion, he states that the nurses and other servants of the small-pox hospital, when they enter the service, are invariably revaccinated; and so perfect is the protection that, though the nurses are in constant attendance on the patients, and the other servants are in various ways exposed to the contagion, during thirty-four years there has never been known an instance where any one of them has ever contracted this disease.

THE CONTEMPLATED MEDICAL ACT.

In our last issue, while we drew attention to this Bill, and pointed out the injustice of the proposed scheme for the constitution of the new Medical Council, we stated that certain amendments adopted by the Canada Medical Association were somewhat more impartial, yet we are quite satisfied that even these do not comprise that measure of justice which the profession of Ontario is fairly entitled to, for though we are quite willing to accept the *amended* scheme for the representation of the schools, we are not sure the representation accorded the *profession* will give satisfaction.

We do not think it just that Ontario with *fifteen hundred* medical practitioners and six Medical Institutions, should be confined to the same representation in the Medical Council as Quebec with *six hundred aud sixty-four* medical men and four Medical Schools. We now leave the matter, however, with the profession, fully convinced that without a representation more in accordance with numbers, the "contemplated Act" will not be cordially accepted by Ontario, and will fail to secure adoption by our Local Legislature, which is necessary, to make it operative in this Province.

The Association at Ottawa wisely condemned the establishment of branch Councils, as we think all the functions allotted to them, can be more economically and quite as efficiently performed by small committees appointed from the General Council.

In clause 15, it is provided that the "general treasurer, and general registrar and secretary, shall likewise act as treasurer, and registrar and secretary, for the Branch Council of the Province of Quebec," thus fixing and centralizing the most important and influential offices, and the controlling power of the General Council, permanently in the Province of Quebec.

Why Ontario or the Eastern Provinces should thus be at the outset, permanently debarred by Act of Parliament, from the possession of these offices we cannot imagine.

We know, however, that this attempt to identify the General Council and the Quebec Branch Council, while the other Branch

Councils are made to appear as mere tributaries or subordinates, will militate very strongly against the acceptance of the measure.

Again, the establishment of three separate and distinct examining Boards, *with concurrent and intercurrent jurisdiction*, cannot be too strongly opposed. One portal only, is all that should be thought of in connection with a Dominion Bill. This is what the British profession is now striving for; this is what Ontario has obtained after a protracted struggle, and this is what a Dominion Bill *must* contain, before it will be accepted by the Ontario Legislature and profession, instead of the Bill which is now working with such satisfactory results in this Province.

It has occurred to us, however, in view of the wide extent of our Dominion, and the great distance students would often have to travel for examination before a single Dominion Board, and the large expense thus entailed upon them at a time when they can badly afford it, that probably an independent Council, and a single examining Board for each Province, exercising jurisdiction over all candidates for license to practice within each Province respectively, and *only*, might be, after all, the most feasible, economical and satisfactory.

Each Province would then control the licensing of all persons wishing to graduate within its limits, and one Province could not be accused of flooding another with incompetent or ignorant licentiates.

Ontario has one portal of entrance to her profession. Let Quebec and the Eastern Provinces establish similar Councils and Boards, and compel all candidates for license to practice in those provinces, to pass their respective Boards, just as Ontario does now, and as we hope she will continue to do.

We would allow candidates from the schools of one Province to present themselves for examination before the Board of any of the other Provinces, and perhaps from other than provincial institutions, without insisting upon attendance on lectures in the section where the examination may be held; but we would limit the power of the license, to that Province in which it might be obtained.

If our Sister Provinces wish to elevate their profession and to obtain local Bills, establishing for themselves single examining Boards, we will gladly afford them any assistance in our power, either by way of counsel, encouragement or example. If *they* can obtain medical Bills free from those features which are said to mar the perfection of ours, we will rejoice in their success; but *we* could not.

We are satisfied, however, that time alone is required to enable our Ontario Bill to accomplish all that any well wisher of the profession can desire in the way of purification.

REMOVAL OF THE KIDNEY.

A case is recorded in the *American Journal* of Obstetrics of the successful removal of the kidney in a colored woman, aged 33 years, by Dr. J. T. Gilmore, Mobile, Alabama.

Following her first pregnancy, 4 years ago, an indistinct tumor appeared in the upper part of the left lumbar region, and was attended with considerable pain. Within the past 4 or 5 months the pain was so severe that the patient sought relief at all hazards. An incision was made along the outer border of the erector spinæ, and on cutting down, the kidney was found in a kind of hernial sac in the quadratus lumborum, lying on the transverse processes of the first two lumbar vertebræ; its upper extremity corresponding with the last rib. Only one vessel required ligating. The kidney was much atrophied, and the writer supposes that it had been displaced by the pressure of the gravid uterus in her first pregnancy, and compressed against the parts above mentioned. The woman—a negress—was 5 months advanced in pregnancy at the time of the operation, but recovered without abortion or any untoward symptom.

A case was recorded some time ago of a successful operation of this kind by Dr. Simon, of Heidleberg, for the relief of an incurable urinary fistula, caused by a wound of the ureter, made during an ovariotomy. The success attending this case stimulated Dr. Gilmore to undertake the above operation.

TRINITY COLLEGE MEDICAL SCHOOL.

Tenders have been advertised for the erection of the Medical School in connection with the University of Trinity College. This building, which is to be situated near the Toronto General Hospital, will be a plain white brick, two story structure, 74 feet long by 38 feet wide. On the ground floor will be the lecture room, 35 feet by 40 feet, with circular seats elevated towards the rear; and also a waiting-room for the students, faculty room, and museum. The lecture room will be the height of both floors, and the remainder of the second floor will be used as a dissecting room. In the basement will be the laboratory, the prosecting room, care-taker's apartments, &c. We will give a woodcut of the building in our next issue.

MEETING OF MEDICAL SUPERINTENDENTS OF ASYLUMS.

The annual meeting of the American Association of Medical Superintendents of Lunatic Asylums, will be held in the city of Toronto during the present month. A large and influential gathering is expected, and matters of great importance with reference to the treatment of this unfortunate class of patients will be discussed. Delegates have been appointed from all parts of the States, and also from the various asylums in Canada. We hope they may have an interesting meeting, and one that may prove mutually profitable to all concerned.

MEETING OF THE MEDICAL COUNCIL.

We would again remind our readers of the meeting of the Medical Council of the College of Physicians and Surgeons, Ont., which is to take place in this city, on Tuesday, the 6th inst., at 12 o'clock, noon.

The weather is much more pleasant now than it was a month ago, and as it is generally a slack season, the representatives will have more time to deliberate on the various subjects which may be likely to engage their attention. We trust they will enter heartily on the business entrusted to them, and make such changes and improvements in the working of the Council as will be satisfactory to the profession generally. An interesting and profitable session is confidently expected, and it is our intention to give a full report of the proceedings in the next number of the LANCET.

TO ADVERTISERS.

We would especially desire to call the attention of advertisers to the great facilities afforded through the medium of the advertising columns of the "CANADA LANCET," for bringing their wants, or business and educational announcements, under the notice of the medical profession. Our present circulation is greater than the combined circulation of all other medical journals, Home, and Foreign, now circulating in the Dominion of Canada. We have on our subscription list, the names of nearly all medical men of note in this province, besides a respectable number in the lower provinces, in which we are rapidly extending our circulation. Of the 1500 medical men in Ontario, we find no less than 1300 on our list. This we consider a very large proportion, when it is remembered that there are about 150 Homœopaths and Eclectics, many of whom are not subscribers to the " LANCET.

In consequence of the increased and increasing pressure on our advertising columns, we have been reluctantly compelled to advance our rates of advertising about 50 per cent. This, we have done in order to compel advertisers to condense their announcements within smaller compass. It is not necessary to put advertisements in large black letters with wide spaces as blind men never read them at all events.

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HUNTER vs. OGDEN.

We are informed that this case is again to be brought before the courts. For the benefit of those who may not have seen the report of this trial in the December number of the "LANCET," we may briefly state the main facts of the case. The plaintiff, (Hunter,) sued Dr. Ogden, at the fall Assizes, 1870, for breach of contract, in failing to visit his wife in her confinement, at a certain hour, in consequence of which, her labor was prolonged, the child lost, and insanity of the mother produced. Damages were laid at $3000. The defendant showed in evidence, that he did not promise to visit at a certain hour, that the labor (footling) was a comparatively short and easy one, and that insanity was hereditary, and had manifested itself, during gestation. A great many witnesses were called for the defence and the trial lasted two days. The jury returned a verdict for the plaintiff, with $500 damages. Subequently, an appeal was taken to the court of Queen's

Bench, and the damages reduced to one shilling, each party being ordered to pay his own costs. The verdict of the jury was set aside by the Judge, on the ground that Hunter could not recover, on account of alleged injuries to his wife, and this new action is entered in the name of Hunter and wife.

The re-opening of the case now looks more like persecution than anything else we can compare it with, and we feel that Dr. Ogden who is manfully fighting the battles of the profession, should have not only our moral sympathy, but also our active assistance and co-operation. These suits, many of them utterly frivolous and vexatious, are becoming too uncomfortably frequent, to be treated with coldness and indifference.

We trust that some measure of relief may be afforded by legislation or otherwise, from the thraldom, in which the profession is now placed with reference to such annoying suits.

DEFECTS IN THE MEDICAL ACT.

There is one glaring defect in the present medical act for Ontario, which it would be well to have remedied at as early a date as possible. Several convictions have been obtained from time to time within the past two or three years, against persons practising without a License or proper Diploma; but it appears in the first place, that under the present act, the amount of the fine cannot be collected, and secondly, that as there is no imprisonment in default of payment, the peripatetic Quack who has nothing at stake in the country, can carry on his vocation in defiance of the law. This is not as it should be, and we trust, that some effort will be made to have this defect remedied.

We have received numerous communications from prominent members of the profession, in different parts of the country, calling our attention to this matter, and we therefore, take the earliest opportunity of making public reference to it. It is very desirable, that every protection should be afforded those practitioners, who have complied with the requirements of the act; and every form of humbug and quackery, should be put down by the vigorous enforcement of the law, and if it has been found inadequate to meet the demands of justice, it is high time to make the necessary improvements.

We trust, the Medical Council will take some action with regard to this matter at their next meeting.

NEW TREATMENT FOR SMALL POX.

Dr. J. J. Garth Wilkinson, of London, Eng., has called the attention of the medical world to a new method of treating small-pox, which he has tried in four cases of varied degrees of violence, with complete success. In these cases he used *hydrastis canadensis* and *veratrum viride* both internally and locally as a lotion. The former, he says, extinguishes the varioloid poison, while the latter subdues the inflammation and primary fever. With regard to diet, he advises a judicious use of brandy and water, claret, Carlowitz or Hungarian wines (port when the patient has begun to amend), beaf tea and (in convalesence) fruit. He claims for this treatment that it abridges the duration of the disease, makes it almost painless, subdues the inflamation and primary fever, annuls the secondary fever, checks pustulation, prevents itching and stench, and saves the patient from any but the slightest pitting. He also claims for the *hydrastis* that it is an effective prophylactic or preventive to ward off the approach of the disease. He has published a pamphlet on the subject, which has attracted much attention in London, and will no doubt have a wide circulation among the profession. The plant named *hydrastis canadensis* is found within the limits of New York State, and probably elsewhere in the United States and Canada, and its tincture is made and sold for medicinal purposes. The plant is popularly called orange root, and sometimes yellow puccoon, but it must not be confounded with another plant commonly called puccoon.

Selected Articles.

GYNÆCOLOGICAL NOTES.

BY ROBERT BARNES, M.D.,

Obstetric Physician, and Lecturer on Midwifery and Diseases of Women and Children, at St. Thomas's Hospital.

IS IT RIGHT TO VACCINATE OR REVACCINATE PREGNANT WOMEN?

The question has frequently been put to me, Is it right to vaccinate pregnant women? Some persons seem to entertain the apprehension that pregnant women incur special and serious risks under vaccination. To justify exceptional neglect of vaccination in their case, it ought to be shown, not only what this special risk is, but also that it is more serious than the risk incurred by the women themselves by taking small-pox, and thus of propagating the disease to others. The community as well as the pregnant women must be considered.

To make out, then, a case for special exemption, it ought to be shown that the pregnant woman incurs a particular danger. Where is the evidence of this? The following passage from Dr. Meigs's work on *Diseases of Females* (1848) has been cited to me as authoritative in this matter. "Do not," says Dr. Meigs, "vaccinate women when pregnant. I have been the witness of dreadful distress from the operation. Eschew it, I entreat you." It would be very desirable to have the cases justifying this very emphatic assertion recorded. I fear there is some confusion in the matter. Thus, asking for evidences of mischief, as of abortion, from vaccination, I have been told of abortion and serious illness following small-pox. I do not doubt that small-pox is a most serious accident to a pregnant woman. But does it not follow, *à fortiori*, that pregnant women should be protected against small-pox?

My own experience has supplied me with many illustrations which warrant the following propositions.

1. Pregnant women living under epidemic or zymotic influences are more prone to take the prevalent morbid poison than others.

2. Having taken a morbid poison, they are less able to throw it off. Their excreting organs, charged with the double duty of purifying two organisms, are liable to break down under the additional burthen.

3. The morbid poison then pursues its course in a system which is less able to resist its injurious action. Abortion and a most dangerous form of puerperal fever are very likely to follow.

Against this certainly greater risk of taking small-pox, and certainly greater severity of the disease if taken, what, I ask again, is the special danger of vaccination or revaccination? The operation, we know, is not altogether free from danger in adults of either sex. Before resorting to it, it is wise to get the system into good condition. Do pregnant women run more risk than other adults? Probably they are at some disadvantage. But I believe that the special dread of abortion is exaggerated, if not altogether unfounded. The healthy ovum clings to a healthy uterus with wonderful tenacity. An ordinary illness, much less the slight febrile disturbance of vaccination, will not affect this relation. On the other hand, slighter causes may precipitate an abortion already imminent.

So far is vaccination from causing abortion, that cases are known in which the fœtus has gone safely through the vaccine disease *in utero*, so that it has subsequently been proof against vaccination.

I think, then, we may conclude, in the absence of decisive evidence of special danger, that pregnant women are entitled to equal protection against small-pox with the rest of the community; and that vaccination or revaccination should be practised on pregnant women, in their own interest, as well as in that of the community of which they form a part.

The opportunity afforded by the present epidemic of settling this question by the evidence of facts on an extensive scale should not be lost. A Zymotic Committee will, I believe, be appointed by the Obstetrical Society. The relations of zymotics to pregnancy, including the influences of vaccination, is just one of those subjects which the collected experience of many practitioners can alone satisfactorily determine.

To show how urgently the particular question under discussion calls for determination, let me cite the contradictory views expressed to me by two of the most experienced and successful public vaccinators in London.

A. says: " I have never had the moral courage to try the effect, although I have very often been tempted to do so. There is a strong feeling in the minds of women against the practice; and the fear of an action in the Court of Queen's Bench has hitherto deterred me from trying the experiment. I have frequently asked the question you now put to me, but have never had a satisfactory answer."

B. says: " I have only vaccinated four pregnant women, and nothing unusual has occurred with either of them. I do without hesitation recommend it, and intend vaccinating all the pregnant women in the workhouse. I have at the present time two women in an advanced state of pregnancy in the infirmary, suffering from variola; and one convalescent from the disease, having gone through the semi-confluent form without aborting."

Is A. right? or is B. right?—*British Medical Journal.*

Adulteration of Lard.—Some time ago, the stock of prepared lard being exhausted, a quantity was procured from a respectable pork-dealer. It was beautifully white; so much so, that the writer was led to question his ability to produce anything equal to it. The first trial was in preparing ointment of nitrate of mercury. The color, when the mercurial solution was added, was the reverse of citrine, indeed, decidedly saturnine, developing in a short time to a full slate color. Surprised at this unprecedented result, the usual precautions having been taken as to temperature, etc., the lard was suspected, and, on examination, was found to contain a large proportion of lime. Some time after, being in conversation with a lard-renderer, a hint was dropped as to the relation of lime to color, when the information was confidentially imparted that a common practice among lard-dealers was to mix from two to five per cent. of milk of lime with the melted lard. A saponaceous compound is formed, which is not only pearly white, but will allow of the stirring in, during cooling, of 25 per cent. of water. So much for appearances.—*Canadian Pharmaceutical Journal.*

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CARBUNCLES.

As carbuncles often follow each other in the same patient, anything that promises to arrest them would be gladly tried by the sufferers. Dr. Marcet suggests in the "Lancet" a ready method, provided it be employed as soon as the small vesicle appears on the skin.

He says:—"If the carbuncle be allowed to proceed, say, for twelve hours beyond its very first appearance, it will run its usual course; but its progress may be arrested by the early destruction of the vesicle and its contents by means of the cauterising action of heat. I have adopted many plans to effect this purpose; but the simplest of all, and one which may be considered as always at hand, is the use of an incandescent lucifer-match. The vesicle is to be merely touched, for a fraction of a second, with the red-hot point from five to seven or eight times in succession, when it assumes a dull-whitish appearance from the coagulation of the albumen it contains. The end of the hot wire may also be used. The pain of the operation is really trifling, and it will save from a week to a fortnight's suffering. I have repeatedly applied this form of actual cautery to myself, and shall not hesitate to do so again if necessary.

"In general, within four or five hours after the operation, the pain from the incipient carbuncle has in a great measure disappeared, and there is an end to it. 1t may happen, however, that the carbuncle at its origin, is deep under the surface of the skin, when no vesicle appears. I have not been so successful with the use of the actual cautery in these cases as in the others; but probably, had the cauterisation been carried deeper, the mischief might have been arrested."

Dr. Marcet has tried nitric acid, and nitrate of silver, but found them unreliable. He thinks the early vesicle may contain a virus, by destroying which the disease is nipped in the bud. This simple mode is likely to be tried further.

Dr. J. C. Nott, in the *New York Medical Journal* for January, records a case which he says is "the only real abortion of a carbuncle he ever saw." It was three inches in diameter, and involved the tissues very deeply. He made a deep incision of one and a-quarter inches, and stuffed it with cotton saturated with pure carbolic acid, and also painted the whole hardened surface with the remedy. Dr. Nott says:—The patient complained of a sharp burning sensation for a few minutes, when the pain subsided completely. The cuticle, by the next day, came off, and the surface looked like a burn. After the first few minutes he was free from pain, and never complained of any afterward. I continued every day for a week to insert the acid, in the same way, into the cut, which sloughed all around to the depth of one-eighth of an inch; the surrounding inflammation and induration subsided rapidly, and in a week there was nothing left to treat, but the small open wound made by the knife and acid. Three other small carbuncles commenced, an inch or two from the large one; they were all treated by incision and the acid, and they all aborted."—*The Doctor.*

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DISINFECTANTS.—The Chemical Society of Berlin has published a list of the most approved disinfectants, and the degree of concentration in which to apply them:

Permanganate of Potash.—One part of the pure salt is dissolved in one hundred parts of water. Where the crude material is used, five to ten parts of it to one hundred of water will suffice. This disinfectant acts upon liquids, and has little effect on solids.

Carbolic Acid Water is obtained by dissolving one part of pure crystallized carbolic acid (which can be rendered fluid by immersion n hot water) in one hundred parts of water. Crude carbolic acid should be taken in double the quantity.

Carbolic Acid Powder is prepared by mixing one hundred parts peat, gypsum, earth, sand, sawdust, or charcoal powder, with one part carbolic acid dissolved in water. Double the quantity of crude acid must be taken.

Carbolic Acid Wash.—Mix one part carbolic acid with one hundred parts milk of lime.

Chloride of Lime.—One part in one hundred of water.

Solution of Metallic Salts.—Better to prepare saturated solutions in water and frequently stir.

Suevern's Mass is composed of one hundred parts of slaked lime, fifteen parts coal tar, and fifteen parts chloride of magnesium dissolved in water.—*Journal of Applied Chemistry.*

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CAUTERIZATION IN DIPHTHERIA.—In the 48*th Versammlung Deutsche Naturforscher und Aerzte,* Dr. Schuller stated that he had entirely abandoned cauterization of the pharynx, larynx, or conjunctiva in diphtheria. In numerous cases he had, as a crucial experiment, cauterized only one side of the fauces, and he had always been led to the same conclusions:

1st. That the membrane remained attached longer on the side which he had cauterized than on the other.

2d. That even the most energetic application of nitrate of silver failed to arrest the reproduction or to prevent the extension of the membrane.

3d. In some cases serious tumefaction and inflammation of the cervical lymphatics followed the application of the caustic.

In these views he was supported by Ebert, Stiebel, Cohen, Rinecker, and others, who direct the use of small pieces of ice to be constantly allowed to melt in the mouth, and employ a gargle of potass. chlor. alcohol, potass,. permang., carbolic acid. etc.—*Medical Times.*

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ADDISON'S DISEASE.—What is Addison's disease? At first the primary disease was considered to be in the supra-renal capsules, but it was soon found that all the symptoms of Addison's disease might be where no lesion of the supra-renals was discovered after death. The capsules have, on the other hand, been diseased when no symptoms have existed during life. Moreover, the capsules have no special nervous apparatus. Excision of the capsules in animals is not followed by the symptoms of Addison's disease. The sympathetic nervous system has been blamed, but the known functions of the sympathetic give no countenance to the theory, while the semilunar ganglion of animals has been sometimes extirpated without giving rise to the phenomena that have passed under the name of Addison's disease. Dr. J. M. Rossbach, of Wurzburg, has collected a number of cases upon which he contributes a singular paper in *Virchow's Archiv*. Observing that many nervous symptoms and interference with the mental faculties are usually reported from the time of Addison, who referred to a peculiar mental change as constantly to be noticed, Dr. Rosbach suggests that Addison's disease is clearly related to hysteria. Both present prominent nervous and mental phenomena. In the one case the uterus is usually affected, in the other the supra-renal capsules. Addison's disease is then, says Dr. Rossbach, a neurosis, that is to say, a functional disease of the entire nervous system, which is not yet anatomically recognizable, and stands in close but not necessary relation to disease of the suprarenal capsules. Psychical disturbance, extreme anæmia, extraordinary sickness, and very frequently abnormal pigmentation of the skin are the characteristics of the disease, and it may be grouped with hysteria, as "diffused neurosis with unknown anatomical basis."

Professor William Moore's case, published in our last issue, in which the bronzing of the skin was, perhaps, deeper than any yet seen, and yet there was no disease whatever of the capsules on *post-mortem* examination by Dr. Moore, assisted by Drs. Bennett and Little—all most able and competent observers will, with the coloured lithograph, enable the reader to form his own opinion respecting some of the questions in dispute.

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A NEW AND SUCCESSFUL TREATMENT OF PERTUSSIS.

BY JOHN J. CALDWELL, M.D., BROOKLYN, N.Y.

My treatment of whooping cough may, or may not, be entirely new to the profession, viz: local medication by the Spray Atomizer, such as is made and sold by your townsmen Messrs. Codman & Shurtleff; my favorite medicinal agents being bromide of ammonium and of potassium, together with liquid preparation of belladonna. Believing in Niemeyer's views of the pathology of this disease, "that whooping cough is a catarrh of the respiratory mucous membrane, combined with intense hyperæsthesia of the air passages," I made my medication directly to the parts affected, and the results have been so satisfactory and rapid that I venture to submit the following cases for your Journal :

Cases I. and II. were my little daughters, aged respectively four and two years. They contracted the disease in July, 1869, it being at that time prevalent in our city, and in their cases the malady was decided and distressing. After exhibiting the usual remedies with little or no relief, I resorted to the above treatment, as an experiment. Getting up steam, and placing my little ones upon my knee, in such a position that the spray should play right into the face ; as a natural consequence they began crying, and that was just what I expected, and what I most desired, for the deep inspirations would carry the bromides and belladonna home to the local trouble. My formula is as follows :—

℞. Ext. belladon. fld. gtts. v. to x. ;
Potass. bromid., grs. xx. ;
Ammon. bromid., grs. xl. ;
Aquæ destil., 2 oz.
M. Ft. solutio.

Of this we use a tablespoonful at each application.

July 11th.—Children much better ; the intermissions of greater space. Made another application.

14th.—Attacks very mild ; scarcely any whoop. Continued treatment.

16th.—Whoop and spasmodic action gone, with a slight cough, which passed away in a few days.

Aug. 24th.—Was called across the street to see my neighbor's children, three in number ; found them suffering from same affection. The father informed me that the distress was so great and constant that the children could not rest, and were becoming very weak and emaciated ; that their physician did not relieve them, and that, as the weather was so oppressive, he felt fearful for their lives. I administered the spray treatment to them in turn, while they were sitting upon the father's knee, as before mentioned. They called on the following succeeding days, viz., 25th, 26th, 27th, and 28th, and on the first of September when I discharged them, cured. Sept. 9th, Mrs. McG., called at the office with her little son, aged 2 years, afflicted in the same manner. After three or four applications, we had similar happy results. Here we may say that when the nights were passed with much disturbance from spasmodic coughing, it is our habit to administer the same solution by the stomach, in doses suitable for the occasion. In October, 1870, I was called to the family of Mr. S., of Sackett St., where I found his five children suffering severely with whooping cough. I left the atomizer at the house, with a sufficient quantity of the mixture, at the same time instructing the mother (who was a competent, intelligent person) how to administer it. I now and then called to watch progress, and at the expiration of two weeks was pleased to find that the patients, like the others under my care, had speedily and entirely recovered.

I submit the above, Messrs. Editors, as my experience in this distressing affection, and hope that if other gentlemen of the profession are induced to try the *modus operandi*, the result may prove as satisfactory to them as it has to me.—*Boston Medical and Surgical Journal.*

TREATMENT OF SCARLET FEVER.

BY W. E. WHITEHEAD, M.D., UNITED STATES ARMY.

Scarlet fever being very prevalent at present, and wide-spread in its ravages, I concluded that my experience in the treatment of this greatly dreaded disease might probably be instrumental in preserving some little patient from suffering, and perhaps death. After an experience of some years, I have seen no plan of treatment that gave me so much satisfaction, or so great success, in the management of this fever in all but the most malignant types: in which latter cases, I do not know if any treatment be of avail, for I have never seen a single case of recovery; but, on the contrary, have seen the patient succumb to the virulence of the poison in less than twenty-four hours. Under these latter circumstances, remedies have scarcely time to affect the system, either for good or evil.

I first satisfy myself that it is a case of scarlet fever, being guided in forming the diagnosis generally by the appearance of the tongue, which is usually very characteristic. I allude to the peculiar elevation of the papillæ, their *red* color, and the creamy white coat through which these papillæ force their way. Being satisfied as to the correctness of the diagnosis, I at once order the patient to be sponged all over, a part of the body at a time, with hot water, in which has been disolved enough saleratus (the impure carbonate of potash, to be found generally in every household) to cause a soap or greasy sensation when the fingers are rubbed together after wetting them in the solution. This sponging is to be continued some time, from fifteen minutes to half an hour, when the surface is allowed to dry, which it generally does as fast as the sponge passes over it, from the intense heat of the skin. When dry, rub the entire surface lightly over with a piece of bacon rind, or with sweet almond oil, or fine olive (salad) oil. If the throat is sore and painful, apply a thin slice of bacon, or a flannel bandage well saturated with oil; and, in either case, made stimulating by a small quantity of good red pepper sprinkled on its surface. Give a mild aperient in the early stages, to free the bowels of all alvine accumulations. Give, then, a well diluted solution of chlorate of potassa, from a scruple to one or more drachms, according to age or circumstances; the above-named quantity of the salt to be taken at intervals during the twenty-four hours, in cold water, but better in barley water, or rice water. Give all the drink—barley, apple, or orange water—that the patient may desire. The bathing and annointing are to be repeated at least once in every twenty-four hours; and should the heat of the skin be great, with much restlessness and a high axillary temperature, the bathing and anointing should be repeated twice or three times in the twenty-four hours. A dose of tinct. ferri chlor. every twelve hours in the early stages, where the tendency to diphtheria, anemia, or other manifestations of blood poisoning are present, is very important.

The diet should be simple, nutritious, and easily assimilated: milk and its various preparations, eggs, beaf-tea, or strong broth, and when necessary, good sparkling wines, champagnes, catawbas, etc. The urine should be carefully examined daily, and the instant any albumen is detected, the lumbar region should be rubbed with warm spirits of wine or turpentine liniment. Dry cups may be applied often with benefit, and sometimes wet cups or leeches become necessary to properly meet the indication. Should all these expedients not arrest the kidney trouble, I have found a free dose of calomel of great benefit, and have seen it in many cases effect speedy cure,

I will not undertake here to explain how the calomel effects so happy a result, but merely now give you my experience in the *treatment* of scarlet fever. Of course, the calomel must be given with caution, and not indiscriminately to each and every case. Due care must be observed not to administer this remedy in cases of great debility, of granular kidneys, or to very old and feeble persons.

I consider the rind of bacon the best possible article that can be used for anointing purposes in this disease, for it yields plenty of animal oil, and at the same time you get the stimulating effects of the creasote, and other compounds, produced by the smoke which the bacon has been subjected to in the process of curing.—*Pacific Med. and Surg. Journal.*

BOOK NOTICES.

Insanity and its Treatment—By G. F. Blanford, M.D., Oxon. F.R.C.P., London, Lecturer on Psychological Medicine, St. George's Hospital Medical School. Philadelphia: H. C. Lea, 1871. Toronto: Adam Stevenson & Co. $3.

This book supplies a want much felt in this department of medical literature. No disease of equal frequency and gravity has been so imperfectly studied as insanity, and most works on this subject are too voluminous for the busy practitioner, who needs a concise manual for occasional reference, rather than an elaborate essay on the subject, and the work well meets the prevailing deficiency. The author lays no claim to originality, but evinces a good deal of respect for other men's ideas. He also gives the result of his own observations in a plain practical way, with just enough of method about it to make it interesting and instructive.

The author ventures the opinion that a great majority of cases of insanity are hereditary. He says:—"We must consider not the events of the preceding month or year, but the history of the individual from his birth, and that of his parents before him." He assigns a wider scope to the hereditary element than any other English writer, and asserts that it is not inconsistent with the law of transmitted disease to suppose that insanity may be caused by peculiar eccentricities of character, chorea, epilepsy, catalepsy, hysteria, &c., in the parents.

The author gives great prominence to acute manifi, and his directions for its treatment are well worth the cost of the book. He insists most strongly on nutritious food and stimulating drinks, and deprecates the use of blisters, bloodletting and tartarized animony. He also gives some most excellent hints on the mode of detecting insanity, and also on the moral treatment of the insane, their occupations, studies, amusements, &c. In the closing chapter he gives some useful directions respecting the manner of examining patients, with reference to their mental condition, for the purpose of signing a certificate of insanity, which will be found exceedingly useful to medical practitioners generally.

TO SUBSCRIBERS.

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OBITUARY.

Died, on the 7th ult., in the town of Brockvilie, Dr. Robert Edmondson, in the 69th year of his age. He was born in Ballymena, Ireland, and resided forty-two years in Brockville. He obtained the Degree of C.M., University of Glasgow, in 1827, and received the provincial license in 1829, subsequently he received the Degree of M.D., in Victoria College, Cobourg, and was for some time President of the Medical Alumni Association of that University. He was a most active man and took the deepest interest in the progress and welfare of his adopted country. He held the position of mayor of Brockville for some time, and was also President of the Bible Society. At the time of his death he held a prominent position in many organizations, having for their object the progress of the town and the good of the people. He was also a very skillful physician and an accomplished scholar, a man of enlarged and liberal mind, honest intentions, and irreproachable personal character; many of the inhabitants of the town and country around will feel very much the loss of one who was so universally beloved and respected as Dr. Edmondson.

ALPENA MINERAL SPRINGS.

This well is located in the city of Alpena, on Thunder Bay, at the mouth of Thunder Bay River, Michigan, U. S. Bath houses have been erected during the past summer, and every convenience has been made for the benefit and comfort of invalids visiting this fountain of health. The Alpena well is not only a "true artesian" well; but also a true mineral well. These waters flow out of the rock in an immense volume, clear and sparkling, from a depth of 900 feet below the surface.

The following chemical analysis of its waters has been given by Professor S. P. Duffield, of Detroit:—

	Per gallon.
Soda Bicarb	15.73
Lime "	55.13
Magnesia Bicarb	62.92
Iron "	1.84
Sulph. Lime	30.05
Silica and Aluminum	3.08
Sodium Chloride	68.25
Organic Matter	92
	237.92

The sp. gr. of the water is 1.012, and it contains traces of carbonic acid and sulphuretted hydrogen gases. These waters have been found useful in the the treatment of Rheumatism, Gout, Dyspepsia, and general prostration resulting from over work, too close application to business, want of exercise, &c.

Dr. W. J. Roe, formerly of Chatham, has been appointed Medical Superintendent, and all communications respecting it may be addressed to him.

THE

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Original Communications.

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.

ANNUAL MEETING.

The Council met on Tuesday, the 6th of June, in the Council Chamber, Court House, Toronto, Dr. Brouse, President, in the chair.

The Secretary called the roll. All the members were present except Drs. W. Clarke, Allen, Springer, R. H. Clark.

The Secretary read the minutes of the last meeting in Hamilton, which were confirmed.

The President, Dr. Brouse, then addressed the Council with reference to the business of the past year, and read several communications as follows:

From the President of the Lambton Medical Association, in reference to the want of a penal clause in the Ontario Medical Act for the better suppression of Quackery.

The President spoke strongly in favor of the propriety of securing an amendment to the Ontario Act in this respect.

A communication in regard to fees due to medical witnesses for evidence in criminal prosecutions. The President here stated that Dr. Grant and he had an interview with Sir John

A. McDonald relative to this subject, and that he considered that it was only just that a proper remuneration should be given to skilled witnesses in such cases, and that the subject would have his attention after his return from the Joint High Commission.

The President next referred briefly to the representation of this Council at the last meeting of the Medical Association at Ottawa.

He also stated that he had called upon the medical representatives of the Lunatic Asylums, now in session in this city, and gave his compliments on behalf of the Medical Council, and invited them to a seat at this Board.

Dr. Workman, on behalf of the medical representatives of the Lunatic Asylums, returned his compliments, and invited the members of the Council to a reception at the Lunatic Asylum, Toronto, on Thursday at 4 o'clock.

The President then referred to the appropriateness of the season for meeting, and congratulated the Council upon the satisfactory state of affairs with which they were especially interested, and upon the interest which was generally manifested in the welfare of the profession at large, after which he vacated the chair, and the Secretary was appointed *pro tem.*

Moved by Dr. Berryman, and seconded by Dr. Dewar, that the thanks of this Council be hereby tendered to Dr. Brouse, President for the past year, for his courtesy in its meetings, and his many labors connected with the office.—*Carried.*

Moved by Dr. Day, and seconded by Dr. Hyde, that Dr. Covernton be President of this Council for the current year. —*Carried.*

Dr. Covernton was conducted to the chair by the retiring President, and asked the Council to adjourn till 7½ p. m. to allow him time to prepare an address.

Moved by Dr. Hyde, and seconded by Dr. Mostyn, that Dr. Dewar be Vice-President for the present year.

Moved in amendment by Dr. Dewar, and seconded by Dr. Berryman, that Dr. Hamilton be Vice-President for the ensuing year.

Dr. C. B. Hall and several others pressed the original motion, on the ground of the long and faithful services of Dr. Dewar in the Council. Dr. Dewar, however, declined the honor sought to be conferred upon him by his friends, and urged the withdrawal of the original motion, which was accordingly done, and the amendment carried.

Dr. Hamilton returned thanks for the honor conferred upon him.

Dr. Oldright stated that he had placed in his hands tickets for the admission of members of the Council to the Annual Convocation of the Toronto University on Thursday afternoon, the 8th instant, which he handed to the President for distribution.

Moved by Dr. Berryman, seconded by Dr. Mostyn, that the Standing Committees of the past year remain for the ensuing year as heretofore constituted, and that Dr. Brouse, ex-President, shall take the place of Dr. Covernton at present elected President. —*Carried.*

The Council then adjourned till 7½ p. m.

EVENING SESSION.

The Council met at 7.45 p.m., the President, Dr. Covernton, in the chair.

The Secretary called the roll. Absent, Drs. Allen and R. H. Clark.

The President then delivered the following inaugural address:—

Gentlemen,—Permit me again to thank you for the distinction conferred upon me by this afternoon's election, and when I look around me and see an assemblage of representatives from the universities and schools of medicine in Ontario, as also of members of electoral divisions, equalling in area many German principalities, gentlemen distinguished for their talents, and for the confidence reposed in them by their constituents, there is surely sufficient reason for gratification on my part.

The profession in England have, for the last 30 years, been striving to accomplish the desideratum of a General Council and Central Board of Examiners, the members of which should be selected principally from practitioners unconnected with the universities and schools of medicine. The first some years back they attained, but for the accomplishment of the latter, they are yet struggling, whilst in this distant colony of the Empire, the universities and schools, that had long enjoyed the right of granting license to practise, have, with a disinterested zeal for the general benefit of the profession, surrendered this privilege, retaining only the power of educating and conferring degrees; honorable academic distinctions but nothing more; thus taking the initiative in a triumph over personal interest, power and emolument, for the sole end and aim of securing a uniform high standard of professional attainment in the future, and thus advancing our noble art, which above all things tends to promote the happiness by administering to the health and physical well-being of mankind. This action, the result of the firm conviction of a large body of practitioners in Ontario, that a speedy check to the indiscriminate system of licensing was imperatively called for, alike for the interest of the profession and general public, was made the occasion of severe condemnatory remarks by the editor of the London *Lancet*, in the November number for 1869, and those members of the Council returned on a distinct promise to oppose the working of the Bill, were made the subject of eulogium, whilst their brethren, who had been instructed by *their* constituents, to give the Bill a fair trial, were held up to unmerited obloquy. "Quot homines, tot sententia." Our censor, however, did not believe in the latitudinarianism the quotation implies, but would have all submit to a Procrustean bed, and respond to one Shibboleth alone in medicine; a consummation devoutly to be wished for certainly, but not likely to be realized on this continent. Here education is not confined to a class privileged by the gifts of fortune, but under our admirable Common School, Grammar School, and University system, is the inalienable birthright of all. The evil, if an evil, of a difference of opinion in medicine, as in religion and politics, has always existed, and will continue to exist; it admits of no cure, even the wildest visionary can scarcely hope to bring all members of our profession to a uniform standard of belief. If history has taught us anything, it has taught us that the thinking portion of the community will take the liberty of forming their own opinions. Therefore to be deficient in tolerance is at least useless; intolerance hardens what we may conceive to be error, and provokes recrimination, but it does not enlighten those whom we wish to convince, nor does it extend doctrines which appear to us clear and indisputable.

Let us glance briefly over the history of medicine from the seventeenth and eighteenth centuries only, leaving unconsidered the various systems of therapeutics from Hippocrates downwards, and how numerous do we find the theories that have in their turn dominated, without obtaining lasting belief. Renouard, in his "*Histoire de Medicine*," remarks: "Theory is an arena of interminable discussions, a real tower of Babel, it is the apple of discord among physicians. Who can flatter himself to hold the equal balance among so many diverse, or contrary opinions, to distribute equally praise and blame, to mark the precise limit in each, where truth ends and error commences." Before sitting in judgment on the constitution of our Council, it would have been more courteous in the editor to have satisfied himself that he was not discoursing on imperfect knowledge of circumstances. It may be argued that this judgment will be only taken "*quantum valeat*," and that to have appealed to the Legislature for power to prevent, in the future, any man treating disease, whether he called himself Allopath, Homœopath, Eclectic, Botanist, or by any other name, until he had shown before a proper tribunal that he had acquired a competent knowledge of Anatomy, Physiology, Chemistry, Pathology, Surgery, Obstetrics, &c., &c., was not an action meet for caustic criticism, even although it involved an amount of miscegenation, calculated to horrify a medical purist. There are, however, many in the field of medicine, as in politics, who have a terror of innovation, who would repudiate any other motto inscribed on their banners than "*Stamus per antiquas vias*," or any other mould of fashion, or glass of form than that supplied by the time honored British Colleges, notwithstanding that, to many of our colonially educated students, seeking their diplomas as an imprimatur of fitness, they have exhibited themselves, as somewhat illiberal stepmothers. To such medical *quid nuncs* I would say a brief consideration of the necessity for a Bill, including all the sects, or the inevitable alternative, free trade in medicine, would tend to moderate their views of the questionable action of the medical reformers of the last few years. The first Medical Bill, 29th Vict., cap. 34, introduced by the late Dr. Parker, proved to be little better than a hybrid policy of compromise, failing to satisfy alike the extreme conservative and advanced liberal. In spirit, if not in letter, it provided (section 4) for a seat at the Council of one representative from the Homœopathic and Eclectic Boards or Colleges. The majority of the members of the Council, however, did not so interpret it, and at the May meeting an unwise policy of exclusion in my judgment, at least, was resolved upon; *unwise* because no possible obstructiveness could have resulted from the presence at the Council of these gentlemen, and their exclusion led to the continuance for another long period of a viciously lax licensing system, full fledged practitioners being turned out in numbers from some of the schools by a process nearly as expeditious as that occasionally practised by the primate of England, the simple formula for the degree being "by the Grace of God" and the Archbishop of Canterbury. These licensing Boards were recognized by Act of Parliament, and certainly required no less, if not more, than the universities and schools of medicine, the supervision of adjunct examiners, inspectors, or other checks contemplated by the Act, more particularly as there existed no teaching bodies for either Homœopaths or Eclectics in this country, and all the candidates for license, hailed from institutions in the United States. Shortly after this exclusion from the Council, a manifesto from these Boards appeared in the *Globe* newspaper (or it may have been an editorial, at the lapse of time I have forgotten which) wherein the representatives of these licensing boards, claimed, that their matriculation examination, as also the extent and duration of the subsequent curriculum of collateral branches of medicine, that they deemed essential, was superior to ours. Had the Council permitted the representative of the Homœpathic school to have taken his seat, I have little doubt the second school would, before long, have asserted its claim to the same representation; and, once recognized members of the Board, as their *greater* curriculum involved our *smaller*, they could not have opposed the *experimentum crucis* of a matriculation, common to all. As it then appeared to the public, the members of the Allopathic school declined without a trial, any attempt at bringing up the student in the future, to the proper standard of medical education, without respect of creed. This action by many of the profession, was at the time viewed as injudicious, giving countenance to the idea that they looked with alarm at the progress of these new schools.

To confute this, I again refer to the opinion of Dr. Renouard, who, in the work before quoted, observes, "Practical medicine can have but one true and primary basis—clinical experience. Neither physiology nor pathology, whatever development they may acquire, can ever serve as a primary and immediate foundation for therapeutics." In the soundness of this opinion we must all concur, and to give practical effect to it, and as an answer to presumed jealousy, I would suggest that wards in our city hospitals should be assigned to leading practitioners of these schools, for the treatment of patients who elected their specialty. Cases would then be closely analyzed and watched; consequently we should no longer be called upon to receive *quasi* facts as facts, but only on logical induction, and the public would quickly determine how far their cures and death rate compared with ours.

If Dr. Parker's Bill may fairly be called a policy of compromise, Dr. McGill's, under which we are assembled, may certainly be rated as one of ultra development. By the former, only one representative of schools, other than Allopathic, was eligible, whilst by the existing law, five are allotted for each, a number quite in excess of the constituencies they represent, thus dispensing more than justice to the above-mentioned *doctrinaires*; whilst to the Universities and Colleges of Ontario, but a very scant measure is provided. By clause XXXIII., section 2, it is enacted that, "It shall not be necessary for students graduating in any college, in any of the Provinces forming the Dominion of Canada, other than Ontario, to pass the matriculation or preliminary examination in Ontario, prior to being examined by the Board." This certainly bears the appearance of invidious distinction between the colleges of Quebec and Ontario, and probably was intended as a sop to *Cerberus* of the Lower Provinces. That it was useless as such, the general tenor of the articles on the proceedings of our Council, in their journal, sufficiently demonstrates. With these exceptions the working of the Bill has I consider been satisfactory to a majority of the members of the profession in this Province, and the provision in it, that students who elect to be registered as Homœopathic and Eclectic practitioners, shall not be required to pass an examination in either Materia Medica or Therapeutics, or in the theory and practice of Physic, or in Surgery, or in Midwifery, except in the operative practical parts thereof, before any examiner other than those approved by the representives in the Council of the body he (or they) shall signify his (or their) wish to belong, has not proved, as prophesied by the Editor of the *Lancet*, a bribe to incompetency, as neither at the examination in April, 1870, at Kingston, nor at the recent one held at the University of Toronto, did a single student avail himself of these exemptions.

The members of the Committee on Education appointed at the first meeting of the Council, in July, 1869, directed their attention in the matriculation examination to securing evidence for the public that as far as preparatory education implies fitness, the matriculants should at least not be deficient in that particular, so that the ground-work for the future teachings should be fitted to maintain a continued succession of a class of liberally educated young men, who, in the full possession of a liberal science, would apply it to the need and benefit of their fellowmen. Technical knowledge and skill in that degree, which will enable the professional man to supply the whole resources of his art, they judged rightly, was not the sole desideratum of medical education, but to that should be added Classical, Mathematical and general knowledge. The members of the profession thus elevated would hardly fail to remember that to have their due weight in society, and occupy the place and rank to which their learning, general and professional, would entitle them, their qualifications and conduct must be consonant with the requirements of professional character. The Lawyers of this Province have most wisely and jealously guarded in this manner the portals to their profession, and to the existence only of competing schools can we attribute in the past the neglect of sufficient preliminary education in ours. Since Latin has ceased to be the language of the learned, it is of less importance than formerly, but some knowledge of both Greek and Latin is indispensable in order to have a thorough understanding of the language of medical science, constructed as it is on their basis, a full apprehension of which is as essential to the medical student as symbols to the Algebraist. Our committee, therefore, as the programme demonstrates, insisted on this required amount, and wisely also included a knowledge of modern languages and natural science. The subsequent medical curriculum further demonstrates a determination on the part of the Council that the education of the student shall be thorough, and sufficiently refutes the allegation of the *Lancet* Editor, that the "bait of a short curriculum and an easy examination, partly beyond the control of the Central Board, may be safely calculated to catch numbers of student recruits." The operation of this Medical Bill, under which we are now assembled, may seem unjust to the Licentiates of the Lower Provinces, who may wish to have this section of the Dominion as open to them for practice as others. The remedy is simple and within their grasp. They have only to seek from their Legislature power for the creation of Medical Councils, and Central Boards of Examiners, with curriculum and examination equal to ours, and we shall then be prepared to extend to their Licentiates the same privilege of practise accorded to our own, on the production of certificate from the Registrar of their Councils. This solution of the apparent hardship would in my judgment be far more equitable than the plan proposed by the Canada Medical Association, viz: that of petitioning the Ontario Legislature to relieve us of the power of legislation in Educational matters, conferred by the Act of Confederation, and contenting ourselves with a Dominion Act, of the character determined on by the Association at its last session. I cannot conceive the possibility that the majority of the profession in Ontario will be found willing to drop the substance, and to grasp the shadow, when they note the manifest injustice this proposed Bill would inflict on their Province. Instead of proving a *Deus ex machina*, it exhibits an unequal territorial and University representation, and yet a continuance of what the promoters of this movement evidently consider the unpardonable sin of Dr. McGill's Bill, viz: amalgamation of the heterodox with the orthodox. The agitation for this measure so soon after the commencement of the working of Dr. McGill's Bill, would seem to imply that, in the estimation of some of our Quebec confreres, a sufficient amount of ability among our University Professors, and rank and file of the profession in Ontario, is not to be found, and that therefore to a territory larger than Great Britain, France, and Prussia, we are required to add the Provinces of Quebec and New Brunswick to find the requisite amount of executive and administrative power. Without overstepping the bounds of modesty, or exceeding the due limits of self-assertion, we may, I think, safely venture to demur to this soft impeachment, and arrive at the conclusion that in the future as in the past, we are quite capable of "paddling our own canoe," without the assistance of French *voyageur*, and I trust the verdict of the profession in our Province will be "Better to put up with the ills we have, than seek for others we know not of."

An amendment to the present Bill embracing a penal clause that would be unmistakably operative against ignorant and unlicensed pretenders, whether local or foreign peripatetic, including also power to prevent druggists prescribing, would I think not only satisfy the profession, but reconcile them in time to the adoption of the method long followed by the Law Society, viz: the collection of a small yearly due from each member. In that manner only, can we ever expect to be in possession of the requisite funds for the purchase of real estate, and thus obtaining a local habitation as well as name. The efforts of the Council should also I think be directed to obtaining from the Legislature, if possible, such additional Hospital grants as would suffice for supplying the desired amount of clinical (the most important of all) teaching. That furnished, our lecturers would no longer be subjected to the large annual loss of students repairing to colleges in the United States on that account only. Dispensary practise, it is true, might be largely utilized for that purpose, but it can never be made as effectually to do the work, as large and well appointed Hospitals. A fractional tax on the Province would be scarcely felt, and yet would yield an amount not only sufficient for putting existing hospitals on the best possible footing, but also provide the requisite funds to establish new ones for union of counties. We have several members of the Legislature belonging to the profession, and I am confident the Council would not appeal in vain to them for the exercise of their best efforts for securing to the excellent teachers attached to our Ontario schools, the same *coin of vantage* that the instructors in the colleges of the United States possess.

There remains only one more subject that may be deemed by some of us of sufficient importance to occupy the attention of the Council, in addition to the ordinary sessional work, viz: Mutual Life Assurance. A very few years of practice suffices to convince us all that our profession *per se* is anything else but a royal road to competence, much less wealth, and that very few, even after the labour of a long period of years, find themselves sufficiently independent to be enabled to relinquish its daily duties. To protect, therefore, our families after death, as far as it is possible by human forethought, from comparative penury and dependence, we have recourse to Life Assurance. These companies have done an excellent work, and have proved an inestimable blessing to society, but the very fact of large annual dividends declared to shareholders, at the expense of the insured, notwithstanding the keen competition that prevails, proves incontestably that to enable them to do this, the annual premiums must be placed at extravagant figures. It would therefore, I think, be very desirable that the Council should endeavour to elaborate some scheme of Mutual Insurance, that would commend itself to the members of our profession, alike for security and superior advantages to the insured. We have, I believe, somewhere about fifteen hundred members of the profession in this Province, a large number of whom would readily join a new Life Association, if sufficient guarantee were afforded of the careful management and solidity of the scheme, remembering always the Baconian proverb: "A cripple on the right road beats a racer on the wrong." (Applause.)

Reference having been made to the contemplated Medical Act for the Dominion, the following resolution was submitted:

Moved by Dr. Hyde seconded by Dr. McGill, "That it would be inexpedient to favour any legislation at present having for its object the repeal of the Ontario Medical Act."

Dr. Hyde said he would like to have an expression of the opinion of this Council on this measure. In his opinion we should not do anything to interfere with the working of the present Ontario Medical Act, which was working so satisfactorily. You referred in your very able address to the want of a penal clause, but Sir, while I agree with you as to the propriety of such an amendment, we must be very careful not to destroy the good effects of this important measure. There are many serious objections to the contemplated Dominion Medical Act. In the first place the representation of the profession is much less than that of the Colleges, and the examiners are to be selected from those men who have had experience in teaching. Now I appeal to this Council if we are prepared to give the Colleges the power they had in the past. The contemplated Bill is framed for the benefit of the profession of Lower Canada, constituting as it does certain officers of the Quebec Branch Council, officers of the general Council. This he conceived to be an insult to the profession of Ontario. There is nothing which we can call a redeeming feature in the whole of this new Bill.

Dr. McGill said that the course of action of this Council was clear. There is no good reason why this Council should not discuss this measure. In the first place he thought the representation of the teaching bodies was very unfair. It seems as if we in Ontario were to be eclipsed by the profession in the lower provinces, and that the Colleges in the lower provinces some of which are struggling for an existence were to be placed on a par with our institutions. Again, the number of medical men in the Lower Provinces is much less than in Ontario, and yet they are to have equal representation. He said he was present at the last meeting of the Medical Association in Ottawa, and he was very much displeased with the action of those who took the most prominent part in the introduction of this measure. They seemed to think that the united wisdom of the medical profession centered in them (the people of Montreal). There are those in this Council who opposed the present Ontario Act but who have since seen their mistake, and are honest enough to acknowledge it.

Dr. Clark. Dr. Dewar. Name! Name!

Dr. McGill—Dr. Agnew is one who opposed it and now admits his mistake. Dr. McG. maintained that no Bill could accomplish any good unless it embraced all creeds within the sphere of its operations, by bringing them all up to the same standard of education. He did not think that the want of a penal clause amounted to anything; but he had no objection to its insertion if it could be done. The Attorney-General for Ontario refused to admit a clause of this kind when requested to do so last winter; he said it was illegal.

Dr. Dewar said he was under the impression that some of the last speakers remarks were applied to him. He said he confessed that he was dissatisfied with the Bill when he first saw it; but he deemed it necessary for the well-being of the profession. When the Dominion Bill was under discussion in Ottawa a month ago, Dr. McGill voted in favor of the representation of the Lower Province Colleges, but he appears to have since received new light on the subject. It is certainly very strange.

Dr. Clark stated that the Attorney-General did not give an opinion that a penal clause was illegal; but that it was not expedient at present to do so.

Dr. Campbell also stated that M. C. Cameron was of the same opinion.

Dr. C. B. Hall said that both he and Dr. Agnew opposed the Ontario Bill, and they thought they were right. But they were not here at present to oppose the working of the Act. In the discussion at the Medical Association in Ottawa, Dr. McGill voted in favor of the clause referring to the representation of the Colleges in Ontario and the Lower Provinces. Dr. Hall thought however that the Council had nothing to do with the Dominion Bill. It had to be again submitted to the Medical Association and come before the Legislature of this Province. We will then have an opportunity of opposing it. It may never come up, particularly in its present form, and therefore it is not necessary to take up the time of this Council with it now.

Dr. Brouse said that he thought Dr. Hall in error in not discussing the Bill at present. The profession looked to us for an opinion on this matter. It will be discussed in Quebec next Autumn, and those who go from this Province would like an expression from this Council. We ought to discuss the matter and give the country the benefit of our opinion.

Dr. Hamilton said it was right and proper that this Council should take this matter up. The proposed Bill was framed by a Committee appointed for the purpose, and a draft sent to every member of the profession in the Dominion, and it is our duty and our privilege to express our opinion upon it.

Dr. Bethune said that no doubt great pains had been taken to draft the Bill; but it was not perfect and was open for amendment. The reading men of Ontario know all about it, and those who do not read the *Canada Lancet* or the *Canada Medical Journal* were no medical men at all, and I don't think it is necessary to take up the time of this Council; let us proceed with our own proper business. There was no doubt a little domineering at the Association, because we in Ontario were in the minority. Some got disgusted and left; but by our influence we obtained some amendments. The original would not be entertained. He was in favour of a liberal Bill for the whole Dominion.

Dr. Clark said he would like the present motion to state that we are just simply opposed to the Bill, and let them propose another, and if it is fair and satisfactory we will discuss it. In its present form it is utterly inexpedient and inapplicable to the wants of the profession, and no one would take such a Bill in charge before the Legislature.

Dr. Grant remarked that at this stage of the discussion he would only refer briefly to the subject under consideration. We are fully aware that the present period is one marked by evidences of great progress, of advancement and extensive union. We have no doubt observed a disposition to such in church as well as state. The document already forwarded to the members of the medical profession, throughout the Dominion, by the committee of the Canada Medical Association, is intended to convey still further the object of union to the entire medical profession of this country. No particular School is advocated, no sectionalism inculcated—the only idea being union—and such a union as would in every way best serve the interests of our noble profession. As an alumnus of McGill College, he must confess he felt proud of that institution, which has not only a Canadian but a British reputation. He was satisfied that McGill College had an equal interest in the cause of medical education in all parts of the Dominion. There is no antagonistic feeling towards Ontario, or Ontario institutions, medical or otherwise. For many years Ontario has given to that College by far the greatest number of its students, who are now doing honor to their Alma Mater throughout the length and breadth of this country. There is no desire to force a new Bill upon the members of the medical profession. Ample time is afforded for the full and deliberate consideration of the measure the Canada Medical Association had under discussion at its last meeting. The Local Legislatures of the various Provinces must give their consent before any Bill affecting their interests can become law in the

Dominion Legislature, and the Association only desires such a measure as would tend to advance the best interests of the profession.

Dr. Berryman said that it would have been more dignified to give members time to consider the important matter of medical legislation, and that consequently it should be left for calm consideration until the morrow, when it should be reported on by special committee. Allusions were made that McGill College was always ready to meet Ontario in the welfare of educational interests in medical matters. Dr. B. urged that in spite of such assertion, it was remarkable that the McGill men fought the Bill before the Committee inch by inch, and further, that out of perhaps about 84 Ontario students attending there last session, only 6 members of that class presented themselves for examination before the Central Board of Ontario. The circumstance is significant, at any rate, in view of some probable action of the Dominion Government in regard to the proposed Dominion Medical Act.

After some remarks by Dr. Oldright and several others, the vote was taken on Dr. Hyde's motion, which was carried.

Moved by Dr. Berryman and seconded by Dr. Campbell,—"That the able address delivered by the President, embodying as it does many important matters connected with the working and details of the present Medical Act, be committed to a Committee whose duty it shall be to report on the same, and that the said Committee do consist of Drs. Clark, Aikins, Oldright, Campbell, Cornell, Brouse, and the mover."

The Council then adjourned till 2 p.m. next day.—*Carried.*

WEDNESDAY, June 7th, 1871.

The President called the Council to order at half-past two o'clock.

The Secretary called the roll. Absent, Drs. Allen and Hall.

The minutes of yesterday's proceedings were then read, and confirmed.

Dr. Dewar rose to a question of privilege. He read a paragraph from the April number of the London *Lancet*, in answer to a question of "M.D." It reads as follows:—"Canada is an excellent field for active, energetic medical men, and an English diploma suffices."

Now the question he would like to have settled was, Are English diplomas alone sufficient to entitle the holder thereof to practise in Canada? This is a very important matter, and he thought that action should be taken to disabuse the public mind in reference to it.

Dr. Berryman did not think that any member of the Council could give a decided answer to this question, not even the President. An impression seems to have gone abroad that the holders of imperial degrees, and those from colleges acting under imperial charter, can practise in Canada without any further examination. If medical men come from England, we want to know if they have to pass an examination or not before the Council, before receiving license to practise. If we are to have an immigration from England into the profession, how are we to protect ourselves? He would like the opinion of this Council, and that it should go to the country.

Dr. Clark thought that our Act of Parliament would protect us from being over-run in this way, as every person, no matter where he graduated, unless prior to the passing of the Act, must pass an examination before he can be registered. (See Medical Act.)

Dr. Lavell said there can be no doubt about our ability to legislate for ourselves. The lawyers have the right to exclude English lawyers from practising here, and why should we not have the same power?

Dr. Brouse stated that he thought the editor of the London *Lancet* simply meant that the qualification entitled the holder to present himself for examination, in compliance with the law.

It was then moved by Dr. Day, seconded by Dr. Oldright,—That the President be requested to write to Sir John A. Macdonald, asking his opinion on the question introduced by Dr. Dewar, and that such opinion, if obtained, be published in the medical periodicals of the Province.—*Carried.*

Moved by Dr. C. B. Hall, seconded by Dr. Mostyn,—That the Registrar be required to order the printing of 100 copies of the proceedings of this Council, and distribute to each member of the same.

Dr. Hyde remarked that the information could be as well given through the Canada *Lancet,* which now circulates among the profession of this Province, with the exception of a small proportion, and thus save expense to this Council.

On motion of Dr. Day, the motion of Dr. C. B. Hall was referred to the Committee on Registration.

The President read a communication from Mr. George Reed. Referred to Educational Committee.

Also one from Dr. Holder. Referred to the same Committee.

The reports of Dr. Wickson and Mr. Wood were read, and referred to the same Committee.

Dr. Covernton read the report of the Board of Examiners. Referred to the same Committee.

Dr. Adams introduced the report of the Rules and Regulations Committee, which was referred to a Committee of the Whole.

In committee, Dr. Pyne in the chair, the report was read and adopted. It was then reported as carried.

The President resumed the chair, and the report of the Committee was then concurred in by the Council.

REPORT OF COMMITTEE ON RULES AND REGULATIONS.

The Committee of Rules and Regulations beg to report:—That they have had under consideration the Rules and Regulations by which the Council of the College of Physicians and Surgeons of Ontario have hitherto been guided, and are of opinion that no change in the same is required, but recommend that the following addition be made to them, viz:—That no question shall be offered for discussion, or be voted upon, unless notice of the same shall have been announced from the chair at a previous meeting, except in matters of routine.

Respectfully submitted.

J. Adams, M.D.,
Chairman.

Dr. H. Brouse moved, seconded by Dr. Campbell,—That after several years of practical working of our present Medical Bill, this Council is of the unanimous opinion that more stringent penal clauses should be obtained, whereby uneducated and unlicensed men may be prevented from practising as physicians, or dispensing medicines in the Province of Ontario. That this Council regrets that the penal clause of our Bill, as originally drafted, was struck out. Therefore each member pledges himself to use all his influence among his confréres throughout the Province, to have the necessary penal clauses incorporated in our Medical Bill, for the better security of all parties interested. —*Carried.*

Dr. Agnew then read the report of the Committee on Registration.

Moved by Dr. Laveil, seconded by Dr. Pyne,—That the report of the Committee on Registration, now presented, be referred to the Committee of the Whole.

Dr. Lavell was called to the chair, and the report considered in committee, clause by clause, and carried.

The Committee then rose, and reported the adoption of the report.

The President resumed the chair, and the report was concurred in by the Council, and is as follows:—

REPORT OF COMMITTEE ON REGISTRATION.

Your Committee beg to report, as follows :—

First. Ninety-nine additional members of the College of Physicians and Surgeons have been registered since January 1st, 1870. The number of students registered since the last meeting of the Council is one hundred and fifty-nine, of whom seventy-nine passed the examination before the examiners of this College—sixty-two in Toronto and seventeen in Kingston ; the remaining eighty matriculated prior to 1869, in the various colleges of Ontario and Quebec.

Second. The case of a student having been allowed to matriculate a few days after the time appointed for holding the examination, and a doubt having arisen as to the propriety of registering him : your Committee, while accepting the examiner's certificate, recommend that, for the future, irregularities of this kind should not be permitted without most satisfactory reasons.

Third. As some doubts appear to have arisen in regard to the interpretation of Section 23, Sub-section 2, of the Ontario Medical Act: your Committee are of the opinion, that persons applying for registration under this clause, must produce evidence of having been actually practising medicine prior to January 1st, 1850, and of having attended one course of lectures at any recognized medical school prior to such application.

Fourth. Your Committee received a communication in regard to the right of a person registered as holding a certificate of the Eclectic Medical Board, and also a licentiate of the Royal College of Physicians and Surgeons, Kingston, to withdraw the registration of the former diploma, and retain the latter only. Upon this your Committee recommend, that any person having two or more qualifications entered in the Register, may, at any time, by signifying his wish to the Registrar in writing, have any number of said qualifications or additions erased from the Register, provided that at least one qualification remains.

Fifth. The following gentlemen have announced themselves as candidates for the office of Registrar :—Drs. Joseph Howson and George Wright, of Toronto ; Dr. Trew, of Newcastle, and Dr. Tuck, of Guelph. Your Committee are of the opinion that the business of the Council would be greatly facilitated if the Registrar and Treasurer resided in the same place.

All of which is respectfully submitted.

J. N. Agnew,
Chairman.

NOTICES OF MOTION.

Dr. Campbell gives notice that, at next meeting of Council, he will introduce a bye-law with reference to the election of Homœopathic and Eclectic members of Council, in June, 1872.

Dr. Berryman gave the following notice of motion, seconded by Dr. Dewar,—"That the Registrar be instructed to furnish a revised list of all registered practitioners, who may have thus registered, to the first day of January, 1872."

Dr. Brouse gives notice that, at the next meeting of this Council, he will move certain resolutions respecting the introduction of penal clauses into our Medical Bill, relating to parties practising or dispensing medicines.

Dr. Dewar gave notice of motion with regard to the appointment of Returning Officers, and mode of conducting the elections for the representatives of the regular medical practitioners, for the ensuing June, 1872.

Dr. Aikins gives notice that, at next meeting of Council, he will move that the Secretary of the Eclectic body be requested to furnish the Registrar of this Council with a full and complete list of all persons who passed the late Eclectic Board.

The Treasurer read his report for the past year. Referred to the Finance Committee.

Moved by Dr. Aikins, seconded by Dr. Grant,—That a copy of the last Medical Register, and copies of the annual announcements of the College of Physicians and Surgeons of Ontario, be presented to each of the Superintendents of Insane Asylums, now in this city.—*Carried.*

Dr. Lavell gives notice of motion,—That extracts from the Medical Act, referring to the legal requirements of medical men, as to giving evidence and signing certificates, be published in the *Ontario Gazette*, under the authority of this Council.

Dr. Brouse gave notice of motion to the effect, that fifteen copies of the Register be given to each member of the Territorial Divisions, for distribution.

The Council then adjourned till half-past seven o'clock p.m.

EVENING SESSION.

The Council was called to order at eight o'clock. The Vice-President in the chair.

The roll was called. Absent, Drs. Covernton, Oldright, Allen and R. H. Clark.

Moved by Dr. Agnew, seconded by Dr. McGill,—That the name of Dr. Strange be added to the list of candidates mentioned in the report of the Registration Committee.—*Carried.*

Dr. Brouse, the retiring President, was then declared a member, *ex officio,* of all committees.

Dr. Strange then read the Registrar's report for the past year, which was referred to the Finance Committee.

On motion the Council adjourned at 9 o'clock p. m.

THURSDAY, June 8th, 1871.

The Council was called to order at ten o'clock. The President in the chair.

The President desired to correct an error, into which he led the Council yesterday. He had then informed them that he had been requested by Dr. Workman to invite the members of this Council to the conversazione to be held at the Provincial Asylum, on Thursday afternoon. He had now to inform the Council that, from a conversation held with Dr. Workman this morning, he learned that Dr. Workman intended the invitation not to be a general one to all the members of the Council, but only to those who are his personal friends.

Dr. Brouse explained that he was present when Dr. Workman gave the invitation, and that he certainly understood that the members of the Council as a body were then invited. However, as Dr. Workman has now qualified the invitation, he considered that he could not, in justice to his fellow-members of the Council, accept the invitation as a member of the Council.

Dr. Campbell asked whether the President could inform the Council if Dr. Workman had taken exception to the presence at the Asylum of any member or members of this Council? To this the President replied in the negative.

Several members of the Council expressed their dissatisfaction at the alteration of the terms of the invitation, and stated their determination to absent themselves under such circumstances.

Dr. Campbell desired to express the thanks of the Homœopathic and Eclectic members of the Council, to the representatives of the other school, for their support and sympathy under this slight, for such they could not help considering it.

It was then determined that the invitation, as delivered yesterday, should be withdrawn.

Dr. Pyne introduced the report of the Finance Committee, which was taken up in Committee of the Whole. Dr. Adams in the chair.

In committee, the report was amended and adopted.

REPORT OF THE FINANCE COMMITTEE.

Your Committee having considered and carefully examined all accounts, documents and reports presented to them beg leave to report as follows:

1st. The report of the Treasurer referred to this Committee has been examined, vouched, and found correct, and the balance in his hands produced in accordance with the account in the bank book, and amounts to the sum of $1,851.61.

2. The Report of the Registrar and Secretary, also referred to this Committee, has been examined, vouched and found correct, with the following exception, to which your attention is hereby drawn,—he has charged the sum of $80 for acting as Secretary at the late examinations held in this city; and as your Committee conceive that provision was made by this Committee at its late session for the payment in full of all his duties as Secretary and Registrar, they therefore decline to order the payment of the said sum of eighty dollars. And further with respect to the Registrar's account: your Committee recommend that the Registrar shall hand over to the Secretary all moneys received by him, and shall, from time to time, render his account for salary, &c., &c., to the Treasurer, who shall be authorised to pay the same, and take his receipt therefor, which receipt shall be accepted as a voucher for so much in the Treasurer's account.

3. Your Committee also report that they have prepared and submitted a Bye-law to the Council providing for the appointment and payment of the following officers, viz.: The Secretary, Registrar, and the returning officers for the ensuing election of the members of this Council. The Secretary-Registrar to receive the sum of six hundred dollars for his services during the ensuing year, inclusive of all collateral expenses other than travelling expenses, when absent on the business of this Council, and the returning officers the sum of five dollars each for their services.

4. Your Committee also recommend that the examiners for the ensuing year should be paid at the same rate as last year, viz.: Ten dollars per day for the first five days, and five dollars per day for all other days necessarily spent at the examinations.

5. Your Committee also recommend that the sessional allowance to members of this Council in attendance at this session shall be at the same rate as heretofore, six dollars per day with travelling expenses.

6. Your Committee also recommend that the caretaker of this room shall receive the sum of ten dollars for his services.

7. Your Committee also recommend the payment of the unpaid accounts hereby submitted together with the balances due to the examiners amounting in the aggregate to the sum of $341.32.

8. The attention of this Committee having been drawn to the large unnecessary expenditure connected with the printing of election notices, they would recommend that a committee be appointed to wait upon the Legislature with a view to obtaining an amendment of the clause relating to this matter whereby the said expenditure may be curtailed.

9. Your Committee feel that they cannot conclude this report without recommending that the sum of $100 be placed at the disposal of a committee to provide a suitable testimonial for Dr. Aikins in recognition of his valuable services as Treasurer of this Council,—said committee to consist of Drs. Brouse, Clark, Grant, and Campbell. All of which is respectfully submitted.

THOMAS PYNE,
Chairman.

The President resumed the chair, when Dr. Oldright moved, seconded by Dr. Clarke,—That the report of the Finance Committee be amended by expunging clauses 3 and 8, and inserting the following:—That a committee of this Council be appointed to seek an amendment to the Ontario Medical Act, with a view to the reduction of the expenditure in connection with the election of members of this Council. That it be an instruction to said committee to seek an amendment to clause 12, such as shall confine the printing of election notices to our medical journals and four newspapers, one in the western, one in the eastern and two in the central sections of the Province; and shall transfer the duties of returning officers to the Secretary and Registrar of the College of Physicians and Surgeons.—*Lost.*

On motion, the Council adjourned till half-past seven p.m.

EVENING SESSION.

The Council was called to order at 7.45. Dr. Lavell was called to the chair, in the absence of the President and Vice-President.

The roll being called, the following members were absent: Drs. Covernton, Hamilton, Agnew, Dewar, Mostyn, Berryman, Aikins, Grant, Cornell and R. H. Clark.

Moved by Dr. Brouse, seconded by Dr. McGill,—That 15 copies of the Register be given to each member of the Territorial Divisions, for distribution.—*Carried.*

Moved by Dr. Bethune, seconded by Dr. Carson,—That five copies of the Medical Register be given to each member of this Council who does not represent a Territorial Division.—*Carried.*

At this stage Drs. Hamilton, Dewar, Mostyn and Cornell came in.

Dr. Brouse moved, seconded by Dr. Day,—That the Council resolve itself into Committee of the Whole forthwith, for the insertion in the Bye-Law of the names of the paid officers of the Council.—*Carried.*

Before going into Committee of the Whole Dr. Oldright moved, seconded by Dr. Clarke, a resolution to the effect that, with a view to save expenses, the Registrar act in the capacity of returning officer for the whole of the territorial divisions, and that the printing be confined to certain papers, and the two medical journals of this Province. He thought that it was very desirable to curtail the expenses by discontinuing the returning officers, and thus reduce the amount expended triennially in this way. The last election cost the Council over $300, a large portion of which might be saved by the adoption of the motion now before the house.

Dr. Dewar said he was surprised at Dr. Oldright coming forward now in favor of economy, when at previous meetings he had taken up so much of the time of this Council. We in the country want free trade, and no close corporation such as is proposed in this resolution.

Dr. Day remarked that it was very strange that we were not allowed to arrange our election matters when we have allowed the Homœopaths and Eclectics to arrange theirs to suit themselves. I am surprised at Dr. Oldright, a member of the Finance Committee, in bringing in a report and then turning round to upset that arrangement. If a tie should occur who should decide? Suppose a tie should occur in five or six constituencies the Registrar would give the casting vote and virtually have the power of electing five or six members of this Council.

Dr. Agnew thought the elections should be held openly in each division, and the electors brought face to face. He was in favor of a public nomination, at which there might be a general discussion of those subjects appertaining to the profession.

Dr. Clark, as seconder of the resolution of Dr. Oldright, said that he was a member of a territorial division, but he was in favor of economy. The last elections were very expensive, and he thought it was the duty of the Council to act for the good of all. The Homœopaths and Eclectics did not ask for returning officers as they wanted to save expense. Why should they be dragged into the discussion? The University representative has nothing to do with it, but he wants to save expenses. The registrar acting in the capacity of returning officer would be amenable to this Council, while the returning officers appointed by the members of the Council may be the head of a clique and would be most likely to give the casting vote for the man who appointed them.

Dr. Day—The Registrar would be as likely to give his casting vote for the man who appointed him.

Dr. Clark thought not· With regard to nominations the distance is too great to expect successful public nominations. It would be managed by a few in some central place, and outsiders would have no say in the matter. If this Council has due regard to economy they will try to control expenses, so that we may be able at some future time to obtain a local habitation. Scrutineers might be appointed to act with the Registrar.

Dr. Hamilton did not wish to interfere with an arrangement that had worked so well, and he was therefore opposed to any change in the mode of elections.

Dr. Oldright's motion was then voted upon and declared lost.

The President called Dr. Adams to the chair.

The ballot was then taken, Drs. Edwards and Mostyn acting as scrutineers.

First ballot—Strange 14, Wright 6, Howson 4, Trew 2. Dr. Strange was declared elected.

On motion, Dr. Aikins was elected Treasurer.

The following gentlemen were appointed returning officers for the respective Territorial Divisions:—

St. Clair and Western	Dr. Poussette	Sarnia.
Malahide and Tecumseth	Dr. J. M. Fraser	London.
Saugeen and Brock	Dr. Herod	Guelph.
Gore and Thames	Dr. James Hayes	Simcoe.
Erie and Niagara	Dr. Davis	York.
Burlington and Home	Dr. J. Mackelcan	Hamilton.
Midland and York	Dr. James Ross	Toronto.
Kings and Queens	Dr. Gunn	Whitby.
Newcastle and Trent	Dr. Powell	Cobourg.
Quinté and Cataraqui	Dr. O. S. Strange	Kingston.
Bathurst and Rideau	Dr. McGillivray	Ottawa.
St. Lawrence and Eastern	Dr. Chamberlain	Morrisburg.

The Committee rose, and reported the above names.

On the President resuming the chair, on motion of concurrence, Dr. Day moved in amendment as follows :—

Moved by Dr. Day, seconded by Dr. Oldright,—That so much of the report as refers to the appointment of Dr. Strange, be referred back to the Committee of the Whole, to be amended.

Dr. Day said there was a strong feeling throughout the country against Dr. Strange, and he wished to put himself right before his constituents. He referred to letters he had received, complaining of negligence on the part of Dr. Strange. Some of these he had forwarded to Dr. Brouse, the President. The profession in his part of the country considered Dr. Strange unfit for the office, and he mentioned cases to bear out his statement. The cases of Dr. Thornton, of Constance, and Dr. Justice, of Unionville, were cited as instances of the grossest neglect. He demanded the yeas and nays.

Dr. McGill said he voted against Dr. Strange. His constituents were very much opposed to the re-appointment of that gentleman, and the first question that would be asked him on his return would be, " How have you reappointed this officer ? "

Dr. Campbell said a worse Secretary than Dr. Strange could not be; he neglected to answer three letters of his; but nevertheless, in consequence of the admirable manner in which he had performed his other duties as Registrar, and the valuable assistance he was able to give at the examinations, he voted for him. The Council was now in a transition state; they are on the eve of the elections, and it was important to have an experienced officer to take charge of the business; consequently he was of opinion that, in the interest of this Council and the profession, it would be unwise to make a change at this critical period.

Dr. Aikins remarked that no Parliament could last that would set at nought the feelings of its constituents. There is a general feeling of disapprobation from all parts of the country, and we cannot overlook the reports from the different constituencies with reference to this matter.

Dr. Hamilton.—It is true that complaints are made regarding Dr. Strange's inattention to his correspondence; but he is now to remove to Toronto, and as he has been highly spoken of as an officer of the Council in the matter of registration and examinations, it would be better to continue him for the present. His work as Registrar has been performed to the satisfaction of everyone.

Dr. Oldwright stated that he was told that a clause in the report of the Board of Examiners recommending Dr. Strange was introduced by a private member, and not sanctioned by the Board.

Dr. Campbell denied that anything of the kind had been done. The approval was unanimous that Dr. Strange had performed his services most efficiently, and that a present was given to him as a token of their appreciation of his services.

Dr. Lavell said he could not approve of a change at present, but was sorry that Dr. Strange had been so lax in his correspondence. He thought some allowance should be made, Dr. Strange had to depend upon his practice, as the salary of the Registrar was not sufficient to support him. He hoped it would be a lesson to Dr. Strange, and he thought he would live it down, and suggested that the Registrar be heard in defence of his conduct.

Dr. Day.—Certainly. Let him have it.

The President, Dr. Covernton, stated that he had received a great many communications from students referring to their diplomas. Some of them refused to pay the registration fee of $10, and the Registrar did not feel at liberty to issue the diplomas until they paid their fee.

The President took the advice of a lawyer, who told him that the Council could not collect the $10 fee, and he communicated this information to Dr. Strange. Some students also complained of not receiving certificates of registration.

Dr. Brouse said that he had received a great many letters complaining of Dr. Strange, and that he had written to him. On one occasion the Registrar stated that he had been sick, and would attend to the matters referred to at once. I voted against Dr. Strange in duty to myself, to my constituents, and to the Registrar himself. He is coming to Toronto, and has promised to do better, and I hope he may redeem himself.

Dr. Bethune, seconded by Dr. Aikins, moved that Dr. Strange be heard in explanation.—*Carried.*

Dr. Strange thanked the Council for the privilege extended to him. He said that some of the charges were of an indefinite character; others more definite, and to these he would refer. In the case of Dr. Thornton he plead guilty of neglect. He thought his assistant had sent the diploma to him, but instead of doing so he had placed it back among others in the pigeon holes, and he only discovered it last Saturday night.

In reference to charges in the *Canada Lancet*, the first was an article from the *Northern Light*, Orillia, with comments by the Editor, in the December number of the *Lancet*. He stated that he was not certain how to act in issuing the diplomas, in consequence of the refusal on the part of some to pay the registration fee of $10. He issued a circular to each member of the Council asking for information.

Dr. Oldright—I received none.

Some answered the circular, but the majority did not. He then consulted a lawyer, and was told that the Council were not compelled to issue diplomas, and that to issue them under the circumstances would bring either the diplomas or the Council into contempt. He next wrote to the President, who said he had better issue them than have any trouble. Some have registered and received their diplomas, others have not. In the case of Dr. Justice, of Unionville, who writes a very careless hand, he mistook the P. O. address for Union mills, and that accounts for the non-receipt of the letter addressed to him.

With reference to students not receiving certificates of registration, he had only to say that he had none to give them at the time referred to.

In some instances he refused to send registers unless registered, as some of them had gone astray. In many instances, he had been obliged to send two or three to one person before they had been received. He sent three to a gentleman in Delaware.

With reference to the complaint of Dr. Saunders, in the *Canada Lancet*, he said he was aggrieved at the tone of his letters. They were couched in the most ungentlemanly and uncalled-for language, and he was in no hurry to reply to them.

Dr. Aylwin was neglected for some time, owing to the number of letters he had to reply to at that time; some 800 or 900 letters were awaiting replies, and they were taken in their order. He told Dr. A. that his qualification did not entitle him to registration, as the diploma was not dated, and was very carelessly filled up. Dr. A. also gave his address sometimes Onslow, sometimes Jeno Village, Fitzroy Harbor, &c. He wrote to Dr. A. when he saw his letter in the *Lancet*, and asked the date of his diploma. He then wrote to the Secretary of the College of Physicians and Surgeons, Quebec, and got the date from them, and had since registered his name. Since the examination this spring, he had issued all the diplomas that have been registered—thirteen in number. They have been sent within the last few days.

He was also instructed by the Council some time ago not to answer any questions contained in the Register, as it would diminish the sale.

In the matter of correspondence, he had to plead guilty of negligence, owing to the pressure of other duties. He had consented to remove to Toronto at a great personal sacrifice, and he was anxious to redeem his character in this respect.

On the yeas and nays being called for, on Dr. Day's motion, they were recorded as follows:—

Yeas—Drs. Edwards, Hyde, Agnew, McGill, Day, Mostyn, Brouse, Oldright, Bethune and Aikins; total, 10.

Nays—Drs. Clarke, Pyne, Hamilton, C. B. Hall, Grant, Lavell, Campbell, Field, Allen, Springer, Adams, Hopkins, Cornell, Carson and J. J. Hall; total, 15.

The motion of Dr. Day was declared lost.

Moved by Dr. Campbell, seconded by Dr. Pyne,—That Dr. Strange's explanation of the charges of remissness of duty be accepted by this Council as satisfactory. Carried on the following division:—

Yeas—Drs. Clarke, Pyne, Hamilton, Grant, Lavell, Campbell, Field, Allen, Springer, Adams, Hopkins, Cornell, Carson and J. J. Hall; total, 14.

Nays—Drs. Hyde, Agnew, McGill, Day, Mostyn, Oldright, Bethune, Aikins and C. B. Hall; total, 9.

Dr. Campbell asked leave to introduce a Bye-Law, to amend the Bye-Law relating to elections of the Homœopathic and Eclectic representatives in the Council.—*Granted.*

First reading of the Bye-Law for the election of Homœopathic and Eclectic representatives in 1872:—

Whereas, it is expedient to amend the Bye-Law relating to the election of Homœopathic and Eclectic representatives in the Council. Be it therefore enacted,—That the elections for the Homœopathic and Eclectic members of the Council of the College of Physicians and Surgeons of Ontario, shall be conducted in the same manner as the last election, with the following exceptions: that whenever any functions or duties are assigned to the Secretary of the Homœopathic and Eclectic Medical Board, they shall be performed by the Registrar of the College of Physicians and Surgeons of Ontario, and that the Registrar shall, immediately after the result of the election is ascertained, communicate it to the successful candidates by mail.

On motion for adoption, it was carried *nem con.*

The Council then adjourned till 10 next morning.

FRIDAY, June 9th, 1871.

The Council was called to order at half-past eleven o'clock. Absent, Dr. R. H. Clark.

The minutes of the previous meeting were read and confirmed.

The President read a communication from Dr. Dewar, tendering his resignation, in consequence of what he considered insults, offered him the previous evening, by certain members of the Council.

The President read clause 11 of the Act, with reference to the matter.

Dr. C. B. Hall said that, if any reference was meant to the remark he had made, he had only to say that such a thing as an insult to Dr. Dewar was the most remote from his mind, and he wished most distinctly to make this statement.

Dr. Lavell said that he was quite certain that no member wished to insult Dr. Dewar, and he thought that a little explanation would clear the matter up.

Dr. Brouse explained to the Council the circumstance under which Dr. Dewar felt himself aggrieved, from which it appeared that it was the result of a misunderstanding with referenee to the seconding of a motion before the chair, Dr. Brouse having understood Dr. Dewar to say that he would second his motion, but that Dr. Dewar subsequently disclaimed any intention of so doing.

Dr. Berryman suggested the appointment of a committee, to settle the matter amicably. It was accordingly done, and the matter dropped.

Dr. Brouse asked leave to introduce a Bye-Law for the appointment of Examiners for the ensuing year.—*Grantêd.*

The Bye-Law was read a first time, in blank.

Dr. Aikins read the report of the Educational Committee, which was then considered clause by clause in Committee of the Whole. Dr. Field in the chair.

REPORT OF EDUCATIONAL COMMITTEE.

Your Committee beg to recommend:—1st. That they received and examined the reports of the Matriculation Examiners—Dr. Wickson and Mr. Wood—and regret that, through some misunderstanding, the latter gentleman has not forwarded with his report the Council portion of the fees received from the candidates passed by him.

2nd. That hereafter the Matriculation Examinations shall be held on the first Tuesday and Wednesday of January, April, July and October of every year.

3rd. Your Committee recommend the re-appointment of the Matriculation Examiners for the ensuing year, and that the Registrar send them the necessary notice.

4th. That clause 6, page 8, be amended by inserting, in the first line, after the word "Primary," the words "or Final."

5th. Your Committee would further recommend, that that portion of the note on page 6, which pertains to the number of days of actual attendance on lectures by students, be struck out.

6th. That clause 2, on page 7, be amended by inserting, in the second line, before the word "third," the words "second or."

The report was then concurred in by the Council.

BYE-LAW FOR THE APPOINTMENT OF EXAMINERS FOR THE ENSUING YEAR.

Whereas, power has been granted to the Council of the College of Physicians and Surgeons of Ontario, by the Ontario Medical Act, to appoint a Board of Examiners. Be it therefore enacted as follows:—

That the following gentlemen be appointed as a Board of Examiners for 1872:—Drs. H. H. Wright, Sangster, Sullivan, Temple, Bergin, Bucke, Lizars, Tuck, Walker, Dewar, Cole, Campbell, Field, Carson and Cornell.

The Committee rose, reported progress, and asked leave to sit again.—*Carried.*

The President then presented the Treasurer, on behalf of the Council, with a salver and water urn, to which Dr. Aikins made a suitable reply.

On motion, the Council adjourned till two o'clock.

AFTERNOON SESSION.

The Council was called to order at half-past two o'clock. In the absence of the President and Vice-President, Dr. Edwards was called to the chair.

The Secretary called the roll. Absent, Drs. Clarke, Covernton, Pyne, Hamilton, Dewar, Day, Mostyn, Brouse, Berryman, Bethune, Grant, Lavell, Campbell and R. H. Clark.

Moved by Dr. Aikins, seconded by Dr. Allen,—That hereafter all candidates for Final Examination shall include with the fee for said examination, the fee for Registration and Diploma, and that, in case of rejection, said Registration fee shall be part of fees returned to the candidate.—*Carried.*

Moved that the rule, requiring notice of motion, be suspended.—*Carried.*

At this stage, Drs. Clarke, Covernton, Pyne, Hamilton, Mostyn, Brouse, Berryman, Bethune, Grant, Lavell and Campbell came in.

Moved by Dr. Hyde, seconded by Dr. McGill,—That the Executive Committee be dispensed with, and the duties of such be performed by the President and Vice-President.

Dr. Adams opposed the motion. He said that a good deal of business came before this committee and it was important to have it. It was very desirable to have some persons clothed with authority to act in the interim.

Dr. Hyde said that they had full confidence in the President and Vice-President, and he did not see the propriety of continuing the Executive Committee as these officials were perfectly competent to arrange any matters that might come under their adjudication.

Dr. Campbell thought that they ought to have the committee in reserve, but not to be called upon unless absolutely necessary. He thought it would be more satisfactory to have that body as a sort of court of appeal. The elections are coming on and their services may be necessary.

Dr. Aikins supported the motion, and remarked that it would be less cumbrous and more convenient to be without this committee.

The President stated that certain questions might come up which Dr. Hamilton and himself might not feel at liberty to decide upon, and it would be well to have the committee in reserve.

Dr. McGill thought that these matters would be safe in the hands of the President and the Vice-President. In reference to the argument advanced by a previous speaker, he said that cases might arise that even the Executive Committee could not adjudicate upon. He thought that the necessity for the Executive Committee no longer existed, and suggested that the Registrar and Treasurer act in this capacity, and if they could not decide that the President and Vice-President could assist them.

Dr. Berryman objected to Dr. Aikins as arbiter, and said that Dr. Oldright, Hall, Lavell and he would not like it. He thought it was absolutely necessary to have an Executive Committee—some local officers to discharge any interim duties that may arise. Last year a mistake occurred with regard to holding the examinations on Good Friday as was originally intended, which, but for the intervention of this committee, would have rendered the examinations illegal. He also thought it would be very expensive to bring the President and Vice-President to Toronto to arrange such matters, and suggested a local committee.

Dr. Oldright said that if a member was appointed on this committee from one school the others would ask the same privilege, and the result would be a large and expensive committee. He was also in favorof the Registrar, with the President's assistance, acting in this capacity.

Dr. Aikins stated that year before last this committee cost the Council upwards of $200, although last year it was only about $50. If the Executive Committee can meet when they please and interfere with the deliberations of this Council, where is to be the end of it? This committee was convened at the Queen's Hotel, and the programme of examinations printed before he was notified of it, although a member. He felt strongly on this matter.

Dr. Berryman said he expected Dr. Aikins would bring this matter up. He stated that Dr. Aikins sent word to him that he was going out of town, and asked him (Dr. Berryman) to attend to the matter for him, and he held in his hand a programme of the examination which had been made out by Dr. Aikins in his own handwriting, but because the one we made out did not suit Dr. Aikins he took legal advice and tried to upset the whole concern, and told us that we had no power to act in the premises.

Dr. Hall thought that the President might be entrusted with interim business, with power to call the Executive Committee together if necessary.

Dr. Clark said he had taken a great deal of interest in these matters, and thought that the Executive Committee should be continued. It was stated by the lawyer that Dr. Aikins had consulted that the Council had no authority to delegate its power to a committee, but with all due deference he said they had the power to appoint a committee to do any work, and when that was ratified by this Council it was as legal and binding as if done by the Council in the first place. He felt that we should economize and endeavor to lay up funds to secure a *locus standi* of our own. It was very humiliating indeed to have the door shut in our faces at Toronto University on Good Friday, and shows us the necessity of establishing a hall of our own. He would leave off the school men altogether in the formation of this committee. He was in favor of that in the first place.

Moved in amendment by Dr. Berryman, seconded by Dr. Adams,—That Drs. Aikins, Berryman, Lavell, C. B. Hall, Oldright, the President and Vice-President be the Executive Committee for the ensuing year; from the Homœopathic Board, Dr. Adams; from the Eclectic Board, Dr. Hopkins.

Dr. Oldright said that Dr. Berryman was now going in the face of his own argument, that it would be too expensive to bring the President and Vice-President to Toronto. This resolution would quadruple the expenses, and he thought it would be much better to appoint the President, Vice-President and Registrar.

Dr. McGill said he had committed an unpardonable sin in proposing Dr. Aikins as arbiter, and he now rose to drop him, and support the President, Vice-President and Registrar, as a committee. In this way the business would be in the hands of men unconnected with the schools.

Dr. Berryman's amendment was then put and lost, on the following division:—

Yeas—Drs. Pyne, Agnew, Berryman, Bethune, Lavell and Adams; total, 6.

Nays—Drs. Edwards, Hyde, W. Clarke, Hamilton, McGill, Day, Mostyn, Brouse, Oldright, Aikins, C. B. Hall, Grant, Campbell, Field, Springer, Hopkins, Cornell, Carson and J. J. Hall; total, 19.

Absent, Drs. Dewar, Allen and R. H. Clark.

Moved in amendment by Dr. Grant, seconded by Dr. Brouse,—That the same Executive Committee be appointed as last year, and that in all cases the power be vested in the President whether the whole Committee shall be summoned, or a decision otherwise arrived at, in which instance the power shall rest with the President and Registrar.—*Carried.*

Moved by Dr. Carson, seconded by Dr. Hall,—That the name of Dr. Hopkins be placed on the Executive Committee, in place of Dr. R. H. Clark of Cobourg.—*Carried.*

Moved by Dr. Clarke, seconded by Dr. Berryman,—That Dr. Campbell's name be placed on the Executive Committee, instead of Dr. W. Clarke's.—*Carried.*

The Council then resolved itself into Committee of the Whole, to consider the Bye-Law appointing Examiners, when the following resolution was carried:—

Moved by Dr. Hamilton, seconded by Dr. Clarke,—That Dr. Pyne be a member of the Board of Examiners for the current year.—*Carried.*

The Committee rose, and reported that Dr. Pyne's name had been added to the list.

The President asked for the concurrence of the Council on the third reading of the Bye-Law, when it was amended by striking out the names of Drs. Walker, Cole and Pyne.

The following are the names of the Examiners, with the subject assigned each:—Dr. Wright, Medicine; Dr. Sangster, Chemistry; Dr. Sullivan, Anatomy; Dr. Temple, Toxicology; Dr. Bergin, Midwifery; Dr. Bucke, Physiology; Dr. Lizars, Surgery; Dr. Tuck, Materia Medica; Dr. Dewar, Medical Diagnosis; Dr. Campbell, Medical Jurisprudence; Dr. Field, Surgical Pathology; Dr. Carson, Sanitary Science; Dr. Cornell, Botany.

Dr. Brouse moved, seconded by Dr. Aikins,—That the programme relating to the hours and days of Examination be left to the President.—*Carried.*

Moved by Dr. Aikins, seconded by Dr. Lavell,—That the President do cause the annual circular to be forthwith published, and one hundred copies to be sent to each school, and one to each registered practitioner in Ontario.—*Carried.*

Moved by Dr. C. B. Hall, seconded by Dr. Edwards,—That the Editor of the *Lancet* be requested to print and distribute three copies of the proceedings of this Council to each member. —*Carried.*

Moved by Dr. Day, seconded by Dr. Berryman,—That the next Annual Examination be held in Kingston.—*Carried.*

Moved by Dr. Berryman, seconded by Dr. Clarke,—That the thanks of the Council of the College of Physicians and Surgeons of Ontario be presented to the Warden and Council of the county of York, for their courtesy in granting the use of the Council Chamber for the sittings of this Council.—*Carried.*

The President announced that the resignation of Dr. Dewar, as member of this Council, was withdrawn.

The Council was then adjourned till 8 o'clock.

EVENING SESSION.

The Council was called to order at 8 o'clock. Absent, Drs. Hyde, Pyne, McGill, Dewar, Day, Mostyn, Brouse, Oldright, Berryman, Bethune, Lavell, Allen, Adams, Cornell and R. H. Clark.

Dr. Grant asked leave to introduce a Bye-Law to fix the time of holding future meetings of the Council.—*Granted.*

It was then introduced and read a first time.

On motion, the council went into committee on the second reading of the Bye-Law. Dr. Field in the chair. The Bye-Law was read a second time. The committee rose and reported accordingly.

When the President resumed the chair, it was read a third time and passed.

BYE-LAW TO FIX FUTURE MEETINGS OF COUNCIL.

Whereas, it is expedient to fix the place of holding subsequent meetings of the Council. Be it therefore enacted as follows:—1. That all future meetings of the Council of the College of Physicians and Surgeons of Ontario be held in the city of Toronto. 2. The period of calling any such meetings shall be determined by the President for the time being, except when the Council appoints any special time beforehand.

Dr. Campbell moved the Council into committee on the second reading of the Bye-Law read the first time yesterday. Dr. C. B. Hall in the chair. The Bye-Law was then formally passed the second and third reading.

Moved by Dr. Campbell, seconded by Dr. Edwards,—That a general feeling of dissatisfaction exists throughout the country at the insufficiency of what are known as the penal clauses of the Medical Act, in restraining irregular practitioners, and that a committee be appointed to draft amendments to the Medical Act, so as to increase its efficiency; to report the result to the President, who may, at his discretion, instruct the Executive Committee to bring a Bill before Parliament, at its next session, for that purpose; the said committee to consist of Drs. Brouse, Aikins, Oldright, Cornell, Berryman, Lavell and the mover.—*Carried.*

Moved, as a rider to the foregoing, by Dr. Grant, seconded by Dr. Agnew,—That any amendments to be made to the Medical Bill be submitted for the consideration of this Council, prior to applying to Parliament for the introduction of such.. Lost, on the following division :—

Yeas—Drs. Hamilton, Agnew, Dewar, Aikins, C. B. Hall, Grant and Lavell; total, 7.

Nays—Drs. Edwards, Clarke, Pyne, Oldright, Berryman, Campbell, Field, Springer, Adams, Hopkins, Cornell, Carson and J. J. Hall; total, 13.

Moved by Dr. Oldright, seconded by Dr. Agnew,—That no amendments, except those relating to penal clauses and to the printing of election notices, be sought by any committee appointed by this Council, except by previous concurrence of the Council.

Dr. Edwards said if there was one thing more than another that was demanded of the profession, it was the insertion of a penal clause. The profession would favor the Act, if they only had a proper clause in it to that effect. The medical men in the western part of the country were more annoyed with peripatetic quacks than those in other parts, and they would be perfectly satisfied with the present Act, if that amendment were made.

Dr. Berryman spoke in favor of limiting the action of the committee to those two points referred to. He did not think it judicious to give any committee full powers to introduce whatever clauses they might deem necessary. Their powers should be restricted.

Dr. Hamilton, in some forcible remarks, showed that it would be a dangerous thing to submit the proposals of a mere committee to the Legislature. There were free-traders in medicine among the members of Parliament, and the changes they wished should be backed up by concurrence of the whole Council. Nothing short of that would be of any effect.

After some further remarks by Dr. Clarke and others, the motion was put and carried.

A motion of adjournment was lost, on the following division:

Yeas—Drs. Agnew, Dewar, Oldright, Berryman, Aikins and Lavell; total, 6.

Nays—Drs. Clarke, Campbell, Field, Springer, Adams, Hopkins, C ornell, Carson and J. J. Hall; total, 9. Absent, 13.

Dr. Campbell introduced the following resolution:—

Moved by Dr. Campbell, seconded by Dr. Carson,—That graduates in medicine from the Homœopathic colleges in the United States, known as the Cleveland Hospital College, the New York Homœopathic Medical College, the Chicago Hahnemann Medical College; and from the Eclectic colleges, known as the Bennett College of Chicago, Eclectic Medical College of New York city, and the Eclectic Medical Institute of Cincinnati, after attending one full course of lectures in one of the medical schools of Ontario, shall be admitted for final and primary examination, upon giving proof that they have been engaged in the study of medicine for not less than four continuous years, under the direction of one or more of the Homœopathic or Eclectic members of the College of Physicians and Surgeons of Ontario; that they have passed the matriculation examination of this Council previous to the commencement of their studies, and that the degree has been conferred after having attended not less than two full winter sessions in separate years.

The President ruled that the motion could not be made without notice.

Dr. Campbell complained that the technical objection of want of notice of motion was unfairly pressed, and that if justice was not done to his school and the Eclectics, he would be compelled again to appeal to the Legislature, to interpose its authority. He then proposed to introduce his motion in the form of a Bye-Law, stating that he would remain all night, if necessary, to obtain justice to their schools. He said it was a matter of life and death to them.

Several of the members of the "General" or Allopathic body having come in, a motion to adjourn the Council *sine die* was put and carried, all the Allopathic members voting for it, and the Homœopathic and Eclectic against it; and upon a vote of thanks to Dr. Covernton, for his conduct in the chair, being moved,—

Dr. Campbell moved in amendment, seconded by Dr. Carson,—That Dr. Covernton, in so far as he had refused to put a motion from the chair, materially affecting the interests of the Homœopathic and Eclectic bodies, had not shown that impartiality which had always previously characterized his conduct.

The amendment was lost, and the Council adjourned.

Dr. Campbell declared that they would never meet again, as at present constituted.

MEETING OF THE AMERICAN ASSOCIATION OF SUPERINTENDENTS OF LUNATIC ASYLUMS, TORONTO.

The first sitting of the Twenty-fifth Annual Session of the American Association of Superintendents of Lunatic Asylums was held on the 6th ult., at the Rossin House, Toronto. Dr. Butler, of Philadelphia occupied the chair, and the following gentlemen were present:—

J. S. Butler, Retreat for the Insane, Hartford, (Conn.) J. Ray, Philadelphia; T. S. Kirkbride, Hospital for the Insane, Philadelphia; C. H. Nichols, Government Hospital for the Insane, Washington, (D. C.); A. G. McDill, Hospital for Insane, Madison, (Wis.); A. M. Shew, General Hospital for Insane, Middleton, (Conn.); Clement A. Walker, Boston Lunatic Hospital; C. H. Hughes, Mo. State Lunatic Asylum, Fulton, (Mo.); R. L. Parsons, New York City Lunatic Asylum; Henry Riedel, Ward's Island Emigrant Hospital for the Insane; Mark Ramsay, Iowa Hospital, Mount Pleasant, Iowa; Wm. M. Compton, Mississippi State Lunatic Asylum, Jackson, (Miss.); Richard Gundry, Southern Ohio Lunatic Asylum, Dayton, Ohio; T. B. Camden, Superintendent elect West Virginia Hospital for the Insane, Weston; John Clopton, Assistant Physician E. L. Asylum, Williamsburg, Virginia; John N. Sawyer, Butler Hospital for Insane, Providence, R. I.; Eugen Grissom, Insane Asylum, Raleigh, N. C.; J. M. Lewis, Northern Ohio Lunatic Asylum, Newburgh, Ohio; J. P. Bancroft, N. H. Asylum for the Insane, Concord, N. H.; D. T. Brown, Bloomingdale Asylum, New York city; A. E. Macdonald, Ward's Island Lunatic Asylum, New York; John Curwen, Pennsylvania State Lunatic Hospital, Harrisburg, Penn.

Canadian delegates:—James R. De Wolf, Provincial Hospital for the Insane, Halifax, N. S.; John R. Dickson, Rockwood Asylum, Ont.; Joseph Workman, Toronto Asylum, and Henry Landor, London Asylum.

The Secretary read the minutes of the meeting of last year, which was held at Hartford, Conn.

Dr. Kirkbride moved that the regular committees of the session be appointed. The motion was carried *nem con.*

Dr. Brouse, the President of the Medical Council, holding its session in the Court House, extended an invitation to the members of the Association to visit the deliberations on matters connected with the legislation of the medical profession.

The Committee on Business recommended that Tuesday be devoted to the reading and discussion of such papers as may be presented by members, including the resolutions of Dr. Kirkbride, offered at last meeting. On Wednesday morning, the discussion of papers, and in the afternoon, commencing at 2 p.m., the members of the Association will visit Osgoode Hall, the University and the Normal Schools; and on Thursday morning the discussion of papers will be proceeded with, and in the afternoon a visit will be made to the Lunatic Asylum. On Friday morning, the members of the Association will leave Toronto at seven o'clock, for London, to visit the Asylum there; and on Saturday, those who wish to do so, will have an opportunity of inspecting Hellmuth College.

The Finance Committee presented a report, showing that a small amount was due from the Association to the Treasurer.

Dr. Nichols moved that an assessment be made on the members of the Association, in order to clear off the debt. The motion was carried.

Dr. Curnen read a report as to the proceedings of the American Medical Association's meeting in San Francisco, and at which he was present. He gave a concise synopsis of the remarks he made at the meeting, and explained the objections of the Association of Superintendents to affiliate with the Medical Association.

The report of Dr. Curnen was unanimously adopted, and on the motion of Dr. Nichols, the thanks of the Association were accorded to Dr. Curnen.

A resolution of condolence was passed, and a copy directed to be forwarded to the family of the late Dr. Benedict, formerly Superintendent of the State Hospital at Utica, and an old and valued member of the Association. Dr. Benedict was the inventor of a system of ventilation for hospitals, and several of the members present at the meeting spoke in the highest terms as to the good the deceased had done during his many years of professional labor.

Dr. W. M. Compton moved that the next meeting of the Association be held on the second Tuesday in April next, at New Orleans. The subject was referred to the committee on such matters.

Dr. Kirkbride then offered the following resolutions on the organization of asylums :—

First. That a very large majority of those suffering from mental disease, can no where else be as well or as successfully cared for, for the cure of their maladies, or be made as comfortable, if not curable, with equal protection to the patients and the community, as in well arranged hospitals specially provided for the treatment of the insane.

Second. That neither humanity, economy or expediency can make it desirable that the care of the recent and chronic insane should be in separate institutions.

Third. That those institutions—especially if provided at the public cost—should always be of a plain but substantial character; and while characterized by good taste, and furnished with everything essential to the health, comfort and successful treatment of the patient, should avoid all extravagant embellishment and every unnecessary expenditure.

Fourth. That no expense that is required to provide just as many of these hospitals as may be necessary to give the most enlightened care to all their insane, can properly be regarded as either unwise, inexpedient or beyond the means of any one of the United States.

SECOND DAY'S PROCEEDINGS.

The minutes of the first day's proceedings were read and approved.

The forenoon was occupied in the discussion of some important matters, and in the afternoon the members proceeded, by invitation, to the Government House, where they were entertained by the Lieutenant-Governor and Mrs. Howland, and having spent a few hours very pleasantly, they visited the Normal School and the University.

THIRD DAY'S PROCEEDINGS.

The Association met this morning in the House of Assembly.

The minutes of the previous day's meeting were read and approved.

After some discussion, Madison, Wisconsin, was selected by the Association for its next annual meeting, to be held on the last Friday in May.

A letter was read from Dr. Stribling, of Virginia, Superintendent of the Western Asylum there, transmitting a memorial on the death of Dr. Foverden.

The report of the Committee on Tabular Statistics was received and adopted.

By invitation of Dr. Workman, the members of the Association, with a number of ladies, left the Rossin House shortly before four o'clock in the afternoon, in carriages, to visit the Toronto Lunatic Asylum. The party made a tour of inspection of the east and west wings of the building, and also the grounds. The male and female wards were found to be in a most admirable condition for the well-being and comfort of the patients—all of whom appeared to be wanting in nothing conducive to their health and spirits. The visitors expressed their hearty admiration of the excellent condition in which the various dormitories, bath-rooms, &c., were found.

A business meeting was held in one of the parlors, when Dr. J. Ray, of Philadelphia, offered some remarks on "Proper provision for the insane," in which he expressed his objection, based on several reasons, to the isolated or cottage style of asylums, saying that the erection of rows of small houses had failed to secure the object sought for. He did not believe also in giving patients too much freedom. It was a system which had not worked well where adopted.

A collation was subsequently served to the guests, amongst whom, besides the American Superintendents, were Hon. M. C. Cameron, Mr. J. W. Langmuir, Inspector of Prisons and Asylums; Dr. Dewar, Port Hope; Dr. Mostyn, Almonte; Dr. Day, Trenton; Dr. Covernton, Simcoe; Dr. A. A. Riddel, Toronto; Dr. Berryman, Yorkville, and others.

"The health of Dr. Workman," Medical Superintendent of the Asylum, was drank with enthusiasm, to which the Dr. made a brief address.

Mr. Langmuir proposed "the health of Dr. Butler, President of the American Association of Superintendents." The latter gentleman, in reply, alluded to the hospitable manner in which he and his friends had been received here, and the humane object of the Association of which he was President.

The party returned to the Rossin House about eight o'clock, having spent a very pleasant afternoon.

The Association having been invited by Dr. Landor, Superintendent, to visit the Asylum at London, they proceeded to that place on Friday morning, by a special car on the Great Western Railway.

☞ Several very interesting and important original articles and communications are in type, but have been unavoidably crowded out. They will appear in the next issue.

APPOINTMENTS.

At a meeting of the Quebec Medical Society, held on the 13th May, 1871, the following gentlemen were elected office-bearers for the ensuing year:—President, R. H. Russell, M.D.,E.; Vice-President, Dr. H. Blanchet; Secretary, J. B. Blanchet, M.D.; Treasurer, J. T. Robitaille, M.D.

Dr. Fowler, of the village of Burford, has been appointed an Associate Coroner for the county of Brant.

Dr. John Mearns, of Petrolia, has been appointed Associate Coroner for the county of Lambton.

Dr. Hagarty, of London, has been appointed Associate Coroner for the county of Middlesex.

Dr. Mitchell, of Constance, has been appointed associate Coroner for the County of Huron.

The Canada Lancet,

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Issued Promptly on the First of every Month.

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto*

TORONTO, JULY 1, 1871.

THE MEDICAL COUNCIL.

The late meeting of the Medical Council was well attended and the utmost harmony prevailed among the different schools until near the close of the session, when the unanimity of the proceedings was disturbed by the introduction of a resolution by Dr. Campbell, for the relief of students of the Homœopathic and Eclectic persuasion.

It is as follows:—Moved by Dr. Campbell, seconded by Dr. Carson, "That graduates in Medicine from the homœopathic "colleges in the United States, known as the Cleveland Hospital "College, the New York Homœopathic Medical College, the "Chicago Hahnemann Medical College, and from the eclectic "colleges known as the Bennett College of Chicago, Eclectic "Medical College of New York City, and the Eclectic Medical "Institute of Cincinnati, after attending one full course of lec- "tures in one of the medical schools of Ontario, shall be admitted "for final and primary examination, upon giving proof that they "have been engaged in the study of medicine for not less than "four continuous years under the direction of one or more of the "homœopathic or eclectic members of the College of Physicians "and Surgeons of Ontario; that they have passed the matricula- "tion examination of this council previous to the commencement "of their studies, and that the degree has been conferred after "having attended not less than two full winter sessions in sepa- "rate years."

The mover stated that the regulation of the council with reference to the admission of graduates from American colleges pressed with undue severity upon their students. As their sects had no colleges in Canada, their students were compelled to obtain their education almost wholly in the United States, and subsequently spend two full courses upon their return to Canada. The regulation of which he complained, and which he characterized as a fraud upon their body (although he subsequently retracted the expression) is as follows:—"All graduates from "recognized colleges in the United States shall be allowed to "proceed to the examinations of the council after having matri-"culated and passed *two* full courses of lectures in some medical "school in Ontario."

Now it must be distinctly understood that this regulation applies alike to students of all schools. It is as fair to one as to another, the *Globe* to the contrary notwithstanding, and was never intended by the council to have any other effect than to secure a thorough educational training for all students presenting themselves before the Board of Examiners. The council knows no distinction of students; but demands that all shall come up to the same uniform standard of professional attainments and therefore the request could not be granted without doing an injustice to a large class of students in order to benefit a few. Besides if such a resolution was passed, and the regulation in force applied to the Allopathic students educated in the United States, many of them, we have no doubt, would be found willing to enrol themselves as Homœopathic or Eclectic students for the sake of saving the attendance upon the second session in Canada Such manœuvering would be basely demoralizing to all concerned, and such a measure would ultimately be found a serious remedy for an imaginary evil.

Now while we are opposed to Dr. Campbell's motion *per se*, we are not opposed to any change in this respect. With all due deference to the council, we think a great mistake was made in insisting upon two full courses in Canada, subsequent to graduation in the United States. When that regulation was first introduced we believed it would press unfairly upon all graduates from the adjoining states, and we have had no reason to change our opinion on that point. If Dr. Campbell's motion were made more general, and applied to all students without distinction of creed, then we could give it our warmest support, and we would most respectfully suggest the propriety of the council adopting the plan presented in Dr. Campbell's resolution of naming the colleges in the United States that are to be recognized, and accepting tickets from such only. This would obviate the necessity for insisting so strongly upon *two* years attendance in a Canadian school. In some of the recognizable schools in the United States a thorough course of instruction is given, and the subsequent attendance upon *one* full course in a medical school in Canada would be amply sufficient. The council has the examination of all students in its own hands, and can prevent any one passing who is not thoroughly qualified. We think Dr. Campbell much to blame in not introducing his resolution earlier in the session, so that there might have been a full and fair discussion on the points involved. It was a very important matter and should not have been left to the fag-end of the session.

We would regret very much that anything should interfere with the proper working of the Ontario Medical Act which has already done so much to elevate the standard of the profession in this Province.

A very strong feeling has been awakened in the minds of the Homœpathic and Eclectic members of the Council in reference to this matter, and it behooves the friends of the present Medical Bill to act cautiously.

MATRICULATION EXAMINATION.

In accordance with a resolution passed by the Council of the College of Physicians and Surgeons of Ontario, at its late meeting in June, the Matriculation Examinations will be held quarterly: on the first Tuesday and Wednesday of January, April, July and October in every year. The next examination will therefore be held, in Toronto and Kingston, on Tuesday and Wednesday, the 4th and 5th inst. Arthur Wickson, M.A., LL.D., Examiner, Toronto; Samuel Wood, M.A., Examiner, Kingston.

PERSONAL.—The friends of Dr. Fred. R. L. Strathy will be pleased to learn that he successfully passed the examination before the Royal College of Physicians, Edinburgh, and obtained the license from that body.

TORONTO UNIVERSITY.

Degrees in medicine were conferred on the following gentlemen at the convocation held on the 8th ult. Degree of M.D.—S. P. Ford; Degree of M.B.—W. S. Black, G. Buchanan, J. J. Clement, H. J. Cole, G. H. Cowan, R. H. Delamatter, J. Donaldson, J. Eakins, W. Forrest, W. H. Graham, A. Groves, N. P. Henning, G. W. Jackes, A. McKinnon, C. Y. Moore, S. P. Richardson, A. Taylor, S. M. Wells.

PRINCELY FEES FOR YOUNG CANADA.

Dr. Rosebrugh, of this city, received a check for $200 for the removal of a cataract, a short time ago, and we have also been informed that Prof. White, of Buffalo, received $500 for reducing an inverted uterus,—the case reported by Dr. Covernton in the last number of the *Lancet.*

CORRESPONDENCE.

(To the Editor of the Canada Lancet.)

SIR,

I notice on page 597 of the London *Lancet* of date 29th April, 1871. the following extraordinary note:

"While the Home Government are scattering broadcast the orders of St. Michael and St. George, not a single member of the medical profession in Canada, has been deemed worthy of the honour.

The Fenian fiasco, for instance, brought a shower of orders to the military men; while the services of the eminent Canadian physician, Dr. Grant—services which the Government has enhanced by its recent expression of the value it sets on Dr. Grant's patient, Sir John A. Macdonald, have yet to be recognized. We think the Government would be conferring honor on itself by endowing with the K. C. M. G. the medical adviser of more than one chief administrator of Canada."

I regret very much that any friend of the above named gentleman —for I cannot believe for a moment that Dr. Grant would be capable of doing such a bare-faced thing as the above,—should be so ill advised as to send such an advertisement.

Is it possible that Sir John A. Macdonald has not remunerated Dr. Grant for his professional not political services? Can it be true that the Chief Administrators of Canada are not in the habit of paying their medical advisers?

Be the fact so, or the reverse, I could mention the names of many in our professsion in Quebec, Montreal, Kingston, Toronto, and elsewhere, whose claims are far higher than the above named gentleman, were I not deterred by the fact that I should fall into the same error as Dr. Grant's very injudicious friend has involved him in.

June 2nd, 1871. Yours truly,

M. D.

THE EXTERNAL TREATMENT OF SCARLATINA.

BY DR. J. MUIR, ANTWERP, N. Y.

The article of Dr. W. E. Whitehead, of the U. S. Army, on the treatment of Scarlet Fever, copied in the last issue of the *Canada Lancet* from the *Pacific Medical and Surgical Journal*, presents some features, in reference to which a certain diversity of professional opinion appears to exist. I refer more particularly to the *external* treatment therein advocated. The application of water, (cold, tepid or warm,) to the surface of the body, and inunction, at intervals, with various fatty substances, form the two proceedings which most extensively obtain, and to which, in the present communication, I shall, for the most part, limit myself. And, that we may view both sections of the subject on their merits, and according to testimony adduced, I prefer that our consideration of them should be separate and distinct. Trousseau, Niemeyer, Liebmeister, Watson, Tanner, Flint, Wood, and many other acknowledged medical authorities give a very prominent place in their works to the external application of water, at different degrees of temperature, in the treatment of Scarlatina. Flint appears to favor the *wet pack* of the hydropathists,[1] while most of the others esteem a simple bath as equally efficacious. Mere sponging, however, has its advocates, and the somewhat heroic cold douche or affusion is not without its friends. Perhaps to Priessnitz, in some measure, are we indebted for the more extended introduction of water as a remedial agent in Variola, Scarlatina and Rubeola.[2] But, while not a few of our most eminent medical teachers enjoin its employment, I find there are some practitioners who regard the proceeding as utterly valueless, and others who condemn it altogether. With those who ignore its claims to general acceptation, I think Sir Wm. Jenner may be classed, as his latest published clinical lecture makes no mention of it whatever.[3] Of the extremists who deny its utility, but regard its use with apprehensions almost hydrophobial, Dr. Sweeting, of Stratford, England, may be accepted as the leader, though his following, I think, must be a somewhat slender one, for, a glance at the leading medical publications of the past two years renders patent the fact, that almost every writer on the subject, has not only adopted the practice but expressed the greatest satisfaction at the result. From some of the more prominent of these contributors to current medical literature, (within the period specified,) I may, very briefly, quote conclusions. Dr. C. H. F. Routh[4] states that in all cases exhibiting a tendency to death from the violence of the fever, "cold affusions to the skin," or "cold spongings" are indicated. Dr. Walter Fergus recommends[5] "rapid sponging with vinegar and water" if the patient does not sleep—or there is much irritation of the skin. In cases with extreme development of the rash, and burning skin, "the cold douche, rapidly given," he says, "acts like a charm." The patient, placed in a sponging bath close to the bed, has four to five wash hand basins of cold water poured in quick succession over him, is "quickly rubbed dry," and put to bed, when, "if the treatment has done good, he drops off to sleep at once." I scarcely think the *rubbing* process likely to be well-borne. In all the cases which have come under my observation the gentler the manipulations the better. Dr. Charles T. Thompson[6] on the very first access of the fever puts his patient into a warm bath, and repeats it as his strength will allow, or the severity of the attack may require. He speaks of the effect as soothing and refreshing, and states the proceeding is almost uniformly followed by an eruption "so vivid in color, and of such an amount, as would astonish those who have never witnessed it." Dr. Thompson tells us he has had a very large number of cases of Scarlet Fever during the last fifteen years—has always treated them after this fashion and *never lost a patient.*" Dr. Charles Murchison[7] induces free action of the skin, by means of the warm bath in all nephritic cases.

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[1] A Treatise on the Principles and Practice of Medicine, by Austin Flint, M.D., H. C. Lea, 1868. 3rd ed., pages 840 and 922.

[2] Hydriatics, as practised by V. Priessnitz, of Graefenburg, Wm. Radde, N. Y. 3rd ed., page 146.

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[3] Clinical Lecture on Scarlet Fever, delivered at University College Hospital, 30th Oct., 1869.

[4] *London Medical Mirror*, 1st April, 1870; and Report of Medical Society of London, 3rd January, 1870.

[5] "On Scarlatina," (*London Lancet*, vol. 2, 1869, page 703,) by Walter Fergus, M.D., Edin., &c.

[6] "On the Treatment of Scarlatina," (*London Lancet*, vol. 1, 1869, page 291,) by Charles T. Thompson, M.D., M.R.C.P.

Dr. Charles Lovegrove[8] developes a vivid red rash by the use of the hot bath. Dr. S. Ashburton Thompson[9] informs us he has had, for five years, charge of the poor in a London district having a population of 26,000, and that Scarlet Fever in every degree of intensity prevails each year among a very large number. They are subjected invariably to frequent sponging daily of the skin from head to foot with warm water, or warm water and vinegar. At the commencement of the disease a warm bath is the rule, and also when desquamation is setting in. "The happiest results ensue." Dr. John Morris,[10] (of Maryland,) approves of the cold douche in conditions of great pyrexia, excessive heat of surface, marked jactitation and cerebral disturbance, or threatening convulsions. He also views with favor warm baths at certain stages of the disease. Dr. W. Sumpter[11] reports 200 cases in which, after the emesis and diarrhœa had subsided tepid baths of salt water were ordered—"with the best effect." He adds: "I scarcely lost a patient of the whole number attacked." Dr. S. Jones Gee[12] deems the atoxic form of the disease, (involving delirium, diarrhœa, vomiting, full pulse, and great heat of skin,) the special indication for the cold affusion; and says "the water treatment may be frequently repeated." Cold sponging and hot mustard baths, also meet his approval, in the various conditions appropriate to their employment. Dr. James Adams[13] gives, as the result of 400 cases, a mortality of less than two per cent—all of them treated by means of hot baths "to induce good action of the skin." Dr. P. J. Hynes[14] sponges the body with warm water and vinegar, and tepid solutions of chloride of lime, under which treatment the patient progresses very favorably." I might continue my enumeration of many more who entertain the highest opinion of the use of water as a remedial measure in this disease; but your space is limited, and I think enough has already been said, to show that the practice is almost universal, and to demonstrate, strikingly, as well, its extraordinarily beneficial character. As most of the parties instanced, however, are European, and to show that the proceeding is held in much esteem on this side of the Atlantic, I think it best to add, that while attending the clinical lectures of Professors Pancoast. Ludlow,[15] &c., at the Blockley Hospital in Philadelphia, it was frequently inculcated. When Dr. Sweeting in his "Ammonia and Milk" article denounced the application of water to the surface of the body in Scarlatina, I ventured to give my own limited experience in a communication to the *London Lancet*,[16] and the fact that therein a statement in brief is given of the views advanced by Dr. S., must plead my excuse for re-producing it here:

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[7] "Clinical Lecture on Medicine," (*Ibid*, vol. 1, 1870, page 723,) by Charles Murchison, M.D., LL.D., F.R.S.

[8] "Scarlatina, with Hæmorrhage," (*Ibid*, page 729,) by Charles Lovegrove, M.D.

[9] "The Treatment of Scarlet Fever," (*Ibid*, page 894,) by J. Ashburton Thompson, L R.C.P. Lon., &c.

[10] Paper read before Medical and Chirurgical Faculty of Maryland, published in *Baltimore Medical Journal and Bulletin*, April, 1871.

[11] "The Treatment of Scarlatina," (*London Lancet*, vol. 2, 1870, page 24,) by W. Sumpter, M.D.

[12] Article on "Scarlet Fever," (in *A System of Medicine*, edited by J. Russell Reynolds, McMillan & Co., 1866, vol. 1, page 355,) by S. Jones Gee, M.B., Lond.

To the Editor of the London Lancet..

Sir,—I notice in your impression of the 11th June a communication from Dr. Sweeting, recommending the treatment of Scarlatina by ammonia and milk. I have no opinion to express regarding the more prominent features of the course suggested by Dr. S., as I have not tested milk and ammonia in any case; but I cannot help expressing no small degree of astonishment at the concluding portion of his article. In adverting to a recommendation of Dr. Walter Fergus, (made some months ago,) rela-

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[13] "The Treatment of Scarlatina," (*London Lancet*, vol. 2, 1870, page 318,) by James Adams, M.D.

[14] "Arterial Hæmorrhage from Ear, as Sequel to Scarlet Fever," (*Ibid*, page 431,) by P. J. Hynes, M.D., M.R.C.S. Ed.

[15] Manual of Medical Examinations, by J. L. Ludlow, A. M., M. D., Phila., Blanchard & Lea, 1860.

[16] "The Treatment of Scalatina," (*London Lancet*, vol. 2. 1870, page 144,) by J. Muir, M.D.

tive to the external treatment of Scarlet Fever, he not only objects to the cold douche, but says, "In every case I have known, in which cold or warm sponging with water, or vinegar and water, has been resorted to, the patient has either died in the acute stage, or dropsy has supervened." Now, while I entertain very serious doubts regarding the propriety of using the *cold* douche in certain cases to the extent insisted on by Dr. Fergus, I have not the slightest hesitation in asserting that *warm* sponging, followed by inunction with hot lard is of the greatest benefit in the vast majority of instances.

During the present year thirty cases of scarlet fever have been under my care, ranging in severity (like those treated by Dr. S.) from simple to malignant. Of these only one proved fatal. In all of them were the external applications made which I have indicated. They proved so grateful to the patients as to be frequently asked for by them; and in such cases particularly as exhibited a disposition to retrocession was their use in the greatest degree apparently beneficial. Dr. S. states the mortality under his treatment to be eight in sixty—a result not quite so gratifying as that obtained in the thirty I allude to, though I cannot help thinking the persistent exhibition of purgatives "every forty-eight hours" may have had something to do with the greater fatality.

J. Muir, M.D.

(*To be Continued.*)

OBITUARY.

Died of Consumption, on the 3rd of May, at the residence of his father in Glenburnie, George Doolette Spooner, in the 32nd year of his age. He graduated at Queen's College, Kingston, in 1860, and practiced for a short time in Warkworth, Ontario, and subsequently in Newtonville. In 1868 his health began to decline, and in order to recruit, visited New York, but was attacked during his residence there with a severe form of dysentry. Upon his recovery, he returned to Kingston, and after remaining there some time he removed to Bowmanville. He had been there only a few weeks when he caught a severe cold and was obliged to return home for proper care and attention. He took a great interest in the practice of his profession, and was remarkably successful. As a man and a Christian, he was above reproach,—of a genial disposition, kind, warm-heated and generous, his life was devoted to the good of his fellowmen. He was highly respected by the profession, and his loss will be much regretted by a large circle of friends and acquaintances. He leaves a young wife and one child.

Professor Croft's Report.

Two years ago we began to import pure light wines direct from the vineyards of the south of France believing that both in price and quality they would be well adapted for consumption in Canada. The result has surpassed our expectations, and the demand has been such as to tax all our energies for its supply.

As a considerable portion of this demand has arisen from the adoption of these wines by medical men in their professional practice, and their consequently extended use by invalids and delicate persons, it has been suggested to us that a careful analysis of those brands most used, and especially the cheaper ones, would be useful, to show the various proportions of the main constituent parts of each description, so that, in every case, the wine most suited to the requirements of the consumer might be selected.

Professor Croft, of the Toronto University, has kindly made this analysis for us, and we annex his report with the chemical results given in a tabulated form. The higher priced and better known wines, being more articles of fashion and luxury, have not been included in this table as their number would make it too cumbrous for easy reference.

QUETTON ST. GEORGE & CO.,
Wine Merchants,
34 King Street East, Toronto.

UNIVERSITY COLLEGE, April 25th, 1871.

GENTLEMEN,—I have taken considerable interest in the examination of the Roussillon and other wines of your importing, on account of their being of a character so much superior to what I expected. I have tested them by the processes of Chevallier, Jacob, Vogel and Esenbeck, and in all cases have proved them to be pure and unadulterated wines. The following table will show the relative strengths, as regards solid matter, alcohol, alkaline salt and acid, the latter being calculated per gallon. The alkaline matter is the ordinary wine salt or cream of tartar—bitartrate of potash. The determination of the quantity of astringent matter does not seem to be possible, but its relative proportion can be easily distinguished by taste. The Roussillon wines and Masdeu and some vins d'ordinaire have a good deal of it, while in the Alicante it is scarcely perceptible. The Masdeu has the greatest alcoholic strength of all these wines, and the Alicante most saccharine matter.

NAME.	Specific Gravity.	Absolute Alcohol by weight.	Solid Matter, Sugar, &c.	Ash.	Acidity per gallon.
Roussillon Vin Rouge ....$1.00 per gal.	1.012	12.17	7.50	0.50	468
Roussillon Port, No. 1 .... 2.00 "	1.018	14.86	9.10	0.80	435
Roussillon Port, No. 2 ...... 1.50 "	1.031	12.29	13.50	1.25	462
Alicante .... 2.00 "	1.033	15.47	14.25	0.30	339
Masdeu .... 2.00 "	1.007	17.22	10.20	0.40	457
Catalonian Port .... 1.50 "	0.997	10.24	4.38	0.63	366
Vin d'ordinare (Lansade).. 3.00 per doz.	0.998	8.33	2.07	0.40	621
Vin d'ordinaire du Midi (brown label)................ 3.50 "	0.997	10.78	3.06	0.30	629
Vin d'ordinaire (w'te label) 2.50 "	0.995	8.83	2.04	0.31	630
French Sherry, or Vin blanc d'ordinaire..................... 1.50 per gal.	0.999	15.60	5·07	0.20	317
Vin de Graves.................. 4.00 per doz.	0.991	9.66	2.01	0.21	350

The proportion of alcohol calculated as proof spirit would be about double that of the alcohol given in this table.

Yours truly,

HENRY CROFT.

Messrs. QUETTON ST. GEORGE & Co.

THE

CANADA LANCET,

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VOL. III. AUGUST, 1871. No. 12.

Original Communications.

TREATMENT OF CONSUMPTION.

BY C. B. HALL, M.D., TORONTO.

Dr. Atkinson, some years ago, suggested a course of treatment for retaining what he called a higher vital force, the loss of which allows the two rapid oxidation of tissue, and endeavored to show that tubercular deposits may, from these causes, be regarded as the consequence of an irregular metamorphosis of tissues, and that these may be retarded, if not prevented, by the substitution of various forms of carbonized material, and that the only class of medicinal agents which may be considered decidedly prophylatic are those which sustain vital tenacity in opposition to the chemical effects of oxygen, and of these he places whiskey as most prominent.

I will also quote the opinions of Drs. Calton and Ancill, in their recently published works, which go far to substantiate the fact of Alcohol being one of the safeguards from tuberculosis;—the former says, "Before tubercle is deposited, that wine or beer in moderate quantity should be included in the diet list, and I have seen conscientious scruples on this matter overcome on many occasions, with marked advantage." The latter says—

"Facts are not wanting which tend to establish that the tuberculous constitution where there is no local disease, is benefitted by the moderate use of these fluids, and that the principle is sanctioned by theory, but then the stimulus must be moderate, uniform, constant, and accompanied by a generous diet containing a proper proportion of the staminal principles and essential elements of food." Dr. Peters also remarks that alcohol would seem to produce a state of blood opposite to that which obtains in this disease, and may thus prevent the development of it, and that the excessive use of alcohol does not destroy life by producing tuberculosis, but rather by producing other diseases, as those of the nervous system and of the liver.

Dr. Hastings and others tried the effects of fluoric acid, giving the forty-eighth part of a drop three times a day, and with most marked success, even in cases where suppuration and ulceration had commenced.

They all extol the direct action of this and oxalic acid, in half-grain doses, as more efficacious than naptha or cod-liver oil in the most confirmed cases, but the chief good to be derived from either of the above is in the case of incipient phthisis, or still more in those suspected cases where hereditary tendency is associated with anæmia and the other symptoms of approaching disease. Carbonic acid is of the same type. The neighborhood of marshes and swampy land abounding with exhalations of carbonic acid was once considered a safe retreat for the consumptive invalid, as it was well known that ague and consumption are not found in the same locality. The sea-side was formerly resorted to as a place of safety, but without any good, as the saline atmosphere was more to be dreaded than the advantage gained by the carbonic acid. Fruit is another of the same preventions, abounding in the same class of elements, viz., carbon, oxygen, with little or no hydrogen, and no nitrogen,—

Tartaric Acid,	$C_4 H_2 O_5$.
Malic "	$C_4 H_2 O_4$.
Carbonic "	CO_2.
" Oxide,	CO.
Oxalic Acid,	$C_2 O_3$.

Making Carbonic Acid and Carbonic Oxide agree with Oxalic Acid; this is the sole medicinal benefit of Cod-liver oil. It contains CO_2 and CO, equivalents of Oxalic; this is shown by giving it in combination with lime water, (lime having a peculiar affinity for Oxalic Acid) the analysis of urine a few hours after shows crystals of oxalate of lime.

Lehmann has published numerous experiments showing the proportion that should exist between the digestive ferment, the free acid and the water, in order to convert into a proper quantity of peptone the greatest possible quantity of any nitrogenized aliment (albumen gelatin fibrin, &c). He says if the amount of water in a mixture of pepsin and dilute hydrochloric acid be increased, the mixture will be capable of converting a larger quantity of aliment into peptone, the quantity of pepsin remaining the same. The solvent power of digestive mixture may be considerably augmented by increasing the quantity of water and hydrochloric acid. When alkaline salts are added in any quantity to the gastric juice, and are not, as in the natural process of digestion, quickly removed again, the solvent power of the gastric juice is considerably diminished if not annihilated. It is probable that in the process of digestion, equivalent quantities of hydrochloric and lactic acids can replace each other. The digestive power of acetic and phosphoric acids, is far inferior to hydrochloric and lactic acids. It is but right to state here that Heintz found that lactic acid vomited from the stomach, was of the ordinary modification,as formed during the saccharine fermentation, and not that which is furnished from muscular flesh.

All the sulpho-phospho-protean compounds, albumen gelatin and fibrin are readily soluble in hydrochloric, while they are rendered solid by the action of sulphuric, phosphoric and other acids ; hence hydrochloric acid, or the form in which it is usually prescribed, Tr. Muriate of Iron, or Tr. Steel, as it is sometimes called, and a still more common and familiar salt, chloride of sodium, are placed among the first preventions where there is hereditary taint or any fear of approaching disturbance. The fats constitute another most important part both in the prevention and cure.

There are two kinds of fats both in animals and vegetables, that which is enclosed in cells and that which is combined chemically with other substances.

The former is found in the loose cellular tissue and very generally diffused, the latter is present in the brain and in the fluid parts of the body. Fat may be produced by abundance of nutriment rich in fat, but mostly from that class represented by the symbol C_{12}, H_9, O_9, such as sugar, starch, &c. The chyle contains the fat which is absorbed from the food. The reaction of chyle is alkaline, and therefore the neutral fats of the body are wholly or in great part saponified, either before they enter the blood or shortly afterwards with the exception of those fats that are not capable of being converted into a soap. No neutral fats have been found in the blood as long as it remains in a healthy condition. It contains, however, compounds of fatty acids with bases soluble in water and in the materials which serve for the production of fatty tissue. The fatty substances that are in chemical combination, existing in the brain, the liver and the kidneys, are intimately combined with albumen so as to form an emulsion with water similar to crushed almonds.

In prescribing fats or oils such as butter, cod-liver, or any other oil, the action is very different.

M. Pelonze has proved that animal oils are subject at a certain elevated temperature, to a fermentation producing rancidity, "that is to say that under the influence of the azotized principles associated with all fats, the fatty matters split into their respective fatty acids and glycerine, which in their turn, undergo a further change resulting in the production of volatile fatty acids, such as of butter into butyric acid.

This is easily shown by combining purely fresh butter with bi-carbonate of soda, placing the mixture at the temperature of the blood, when in a few hours effervescence will be produced showing the escape of carbonic acid. Hence the only proper medicinal effect of cod-liver oil, butter, or any of the fats, is obtained by giving them in combination with some of the alkaline salts, the former with Hydrochlorate of Ammonia and alcohol. Butter makes an easy mixture with yelk of egg, soda bi-carb., syrup and distilled water. In these cases the alkaline action is effected on the mucous surface with which it first comes in contact, which as we have seen, is inclined to excess of acidulous action, and the oil or fat produces its effect after the fermentation commences, and this assists in the decomposition or decay of the tuberculous deposit, making it subject to the action of other medicines through the absorbents. Usual form of prescribing:—

℞—Butyrii,	oz. ij. drs. vj.
Vitell ovi,	No. j.
Pepsine,	drs. ij.
Soda bi-carb.,	drs. iv.
" phosphat.,	drs. iv.
Theriaca (molasses),	oz. iij.
Aq. flora aurant,	oz. i.
Syr . tolu,	oz. iv.
Aq. destill,	ad. oj.—M.

Take a table-spoonful three times a-day.

A few days ago I saw a cure reported in one of our dailies, stated to have been very successful in France. This consists of a preparation of meat, reduced to a pulp and combined with sugar, and given in company with a moderate glass of alcohol. In the Hospital for Consumption in London, pounded meat has been used for several years: that is, lean meat divested of cellulose, or meat free from the only objectionable element—hydrogen. Meat is $C_{54}N_{15}O_{22}$, cellulose $C_{24}H_{21}O_{21}$. A few years ago, M. DeLamare presented a paper to the Academy of Science in Paris, where he states that he has obtained the cure of perfect phthisis, even when vomicæ were present, by the internal administration of Helicine or mucilage of snails. The author thinks that this very old remedy had fallen into disrepute, owing to the faulty manner in which it used to be administered, and the small doses employed. He therefore instituted numerous expements, which are described in his paper, and concludes that broth or syrup made with the Helicine is powerless; but that the substance should be highly concentrated and given in large doses, presenting but a small bulk.

The hypophosphites have been highly extolled by Dr. Churchill and others; but Professor Quain, after a most thorough trial, declared them useless, other than their alkaline re-action.

Mulder has shown that the blood of carnivorous and corn-fed animals contains a larger proportion of phosphorus than simply grass-feeding, and thus we see the legitimate supply of phosphorus and an additional benefit from the pounded beef alluded to.

It has often been remarked, as a wonderful circumstance, that the British army, during their greatest fighting days, were fed on beef and wheaten bread, which chemistry has more recently shown to contain the proportionate elements of their mothers' milk; and more reverently be the allusion to the nourishment of that Prophet—than whom none was greater—as well as the prophetic announcement of the Saviour's food, butter and honey, containing the most perfect elements against the destructive tendency of hereditary consumption.

Thus I have shown you, however imperfectly, that science has been carefully and faithfully investigating this important subject, to which, even as late as 1858 one-fourth of all the deaths was due; that investigation has regularly brought information; that each subsequent demonstration has produced increased practical knowledge; that the blood, the sputa, the secretions point to the danger long in advance; so that, years before the lungs become affected, the preventive treatment may stay the onward progress, and thus save, as it has done, hundreds of cases that, but a few years before, must have been certainly fatal.

Not long since a man, with strong hereditary taint, who had been suffering for months in a back alley off Elizabeth Street, Toronto, in damp, darkness and dirt, had passed into the third or last stage, expectorating the tubercles clear, white and detached, was so far benefitted by appropriate treatment, as to be able to resume his occupation as a mason.

The treatment has become almost entirely divested of empiricism, the diagnosis microscopic, and the remedy chemical; there can be no transgression of nature's laws, but, like a co-operative society—aiding and assisting one another—working for a mutual benefit and producing perfect harmony in all their results.

I will now notice a few of the most marked and perfectly demonstrated cases, as well as the names of some of the leading chemico-physiologists who have so thoroughly investigated this branch of their profession.

And imprimis I may refer to Brande, as one of the acknowledged authors, who quotes Dr. Golding Bird, and approves of the process recommended by him to detect kreatine and kreatinine, two excrementitious substances, proved to be formed in muscular tissue and found in urine; the result of muscular decay.

Liebig is also acknowledged, by him, authority on the tests and composition; and still further he says that "Hippuric acid is contained in small quantity in human urine, in which it may be produced by the use of benzoic acid. The alembic cannot produce a more perfect decomposition and reformation than is carried on in the human body in this reaction. Benzoic and cinnamic acids are non-nitrogenous, and in their passage through the circulation combine with the nitrogen of the urea, found in the blood, in certain diseased conditions, and produce a nitrogenous acid, detected chemically and by microscopic examination, in the urine. As high authority as Dr. Alexander Ure thought the action would be sufficient to destroy, not only uric acid in the blood, but uric acid deposits in the urine. But as this has not been sanctioned by Garrod, I will not press it. Still it has been shown (by Kletginsky) that, "if the deposit be unaffected, the urea is decidedly diminished," and the quantity of nitrogen contained in the urea lost is almost exactly represented by the nitrogen of the hippuric acid formed, so that the benzoic acid is probably converted into the hippuric acid by the combination of a nitrogenous body, either derived from the urea or formed at the expense of it. (Ann. de Thirap, 1860.) Then again in the American Journal of Medical Sciences for 1864, benzoic acid is represented as useful in the phosphatic variety of gravel; its *beneficial influence being purely chemical*, continuing only during its use. As you would suppose, these chemical remedies require some alkaline combination to ferry them over the usual acids of the stomach. Thus benzoate of ammonia is the usual form of prescribing the benzoic acid.

Almost every system of quackery has rested upon the denial of what was called the *materies morbi*, and boldly demanding proof of any such existing in the blood.

The great Organon says, "The cause of disease cannot possibly be material since the least foreign substance introduced into the blood-vessels, however mild it might appear to us, is suddenly repulsed by the vital power as a poison; or when this does not take place, death ensues," the sole influence or exciting cause being what they call dynamic power or spiritual influence, the old *pneuma* of the Greek philosophers. This bold assertion of the head Homœopathist was made in 1810, when chemistry was not prepared to give the decided proof, though a universal feeling was held among medical writers that miasm and other poisons found their way into the general circulation. In later years this matter has been put beyond all doubt. Dr.

Garrod found in the serum of the blood of gouty patients a considerable quantity of uric acid and free urea. He thus inferred that the kidneys were unable to carry off the whole of the uric acid formed in the system, and the circulating fluid in gout is thus always contaminated by the presence of a large quantity of uric acid, whatever may be the amount thrown out by these organs. Urea was not affected in so marked a degree as uric acid, "although the blood usually contains a slight abnormal amount of this latter principle in the acute form of the disease." Urea is found in excess also in meningitis, pneumonia, pleurisy, acute tuberculosis, rheumatism, especially when combined with endocarditis—deficient, in nervous and hysterical affections, chronic diseases of the liver, organic diease of the heart, and structural disease of the kidneys; thus giving a most ready guide to one of the great requirements in the treatment of these different diseases, (Hassel). Lehman remarks "that urea is possibly only excreted in increased quantity when material for its formation is sufficiently supplied. Now if voracity is not combined with this urea diathesis, the source of the urea must be sought in the waste or consumption of the nitrogenous tissues." In the present state of our knowledge, we may answer that the urea is found in the blood, and that it is produced from materials that have become effete, the detritus of tissues, as well as from unserviceable and superfluous nitrogenous substances in the blood. No animal tissue presents such vital activity, is so much used, and so rapidly worn out as the muscular. It is in this tissue that the metamorphosis of matter proceeds most rapidly and abundantly. Brande, in speaking of the blood, the affinity between it and flesh, calls the whole process, the same as Liebig, a strictly chemical action. He says "that such widely different products as milk, bile, and urine, (bile from the venous blood of the liver, and urine from the arterial of the kidneys,) should be produced in the living body from the constituents of this fluid, with such remarkable uniformity and regularity, is one of those *marvels of vital chemistry* which science cannot explain."

Cystine is another of these curious nitrogenous substances, found in the Urine, the result of decomposition of the protean compounds of the blood. Protean and all the compounds are nitrogenous, though some contain sulphur and phosphorus. The appearance of these compounds in the urine indicates the peculiar tissue being destroyed and carried out of the body, and points to the nature of the disease as well as the important indications of cure. A case of this kind came under my notice a few years ago,—whether physicians called it palsy or rheumatism, it matters not. Enough, the patient had not been able to walk up or down stairs for three years. The urine contained crystals of different nitrogenous salts, and pointed to the waste of muscular tissue. Recognizing this chemical transformation of tissue, the treatment was apparently simple, and the result,—relief in three months and a perfect cure in a year.

I was indebted to the kindness of Prof. Croft, of Toronto University, for a preparation of one of the salts of aniline. This salt is a greyish powder, but by exposure to oxygen becomes blue. Now this effect is most strikingly manifest in the internal administration. After taking it for a few days, the skin becomes tinged with blue, and still more marked by going to the door or window, when the lips show at once the change of color.

The yeast plant has lately been discovered in the blood in zymotic diseases; and also that it can be counteracted by the use of sulphites in precisely the same way as the fermenting process is stayed in any substance in which it may be placed, as in beer or cider.

Nothing can be more strictly chemical in its action than the formation of sugar from starch. In the laboratory you follow strict rules with almost certain results. One of the ills to which flesh claims heirship is called diabetes, in which this chemical process is carried on with as great exactness as could be done in the alembic. "Vital power" is not once consulted, but the product is in perfect accordance with the material supplied. Avoid bread, pastry, puddings, and everything containing flour, starch, or arrowroot of any kind. Abstain from all sweet fruits, potatoes, artichokes, parsnips, carrots, etc., and take fresh meat, eggs, bran bisquit, and you stay materially the saccharine formation. There is a substance procured from the surfaces of the salted and decaying membranes of the calf's stomach, called rennet, which is soluble in water and possesses the property of quickly converting sugar into lactic acid. The same process is observed in that peculiar formation in the malting and growing of grain, called diastase. This substance if exposed to the air undergoes a change similar to the action of rennet, and acquires the same property of transforming sugar into lactic acid, (Johnson). Here then is the remedy for the disease, converting the sugar, the chief evil, into lactic acid, closely allied to hydrochloric the natural acid of the stomach. The sulphite of soda, I may mention here, possesses the faculty of preventing the formation of glucose, one of the important steps in the transformation of starch into sugar. In this disease the whole process is chemical; the nature and abnormal change is chemical; the prevention and cure alike act by chemical laws. Starch is given for food. Sugar is found in the excrements. In the cure, sugar is converted into the most important and useful agent in the animal economy. In each and every process chemical tests unquestionably confirm, "or at least so prove it, that the probation bears no hinge nor loop, to hang a doubt on."

In vol. II. Montreal *Medical Journal*, 1861, page 150, I published the following remarks on the chemical treatment of disease, referring to Liebig and Muller's opinions, that inflammation is an oxydized state of the protean compounds of the blood, and that all diseases was the result of derangement of the affinities of particles, necessitating chemistry as an important adjunct to a regular course of medicine. We do know of strange chemical changes constantly attending the animal economy. Thus in the normal state, the gastric juice, almost the first stage in nutrition, is acidulous, while the blood, the result of this digestion, is alkaline. Again we have the secretion from the liver, the largest secreting organ in the body, with an alkaline base, while the product of the no less important organ, the kidney, is uric acid. We have also the oleaginous and albuminous secretions, the representations of nitrogen and carbon, as we find others of oxygen and hydrogen,—the two other elementary principles of all organic compounds. This is the healthy state. How innumerable the effects of their slightest variation in disease?—not acknowledging the theory that this constitutes disease, but simply viewing them as co-incidents and their regulation as concomitants.

Take, for instance, the simplest form of congestion, or perhaps more properly, torpor of the liver, found in the moderate drinker, particularly of the beer drinker, and when, in supposed moderation, he has taken a little extra, with a few glasses of pirits:—You find the tongue coated with heavy white fur, the gums pale, the fauces dry, the patient complains, not so much of constipation of the bowels, as a difficulty of passing what he calls a gummy, stickey sort of substance, which clings to him with a tenacity almost immoveable, and of a dark green colour, with very little odor, and attended by smarting, but no pain. The remedy for this is the blue pill and black draught, of the old physicians. A friend of mine in the country takes ten grains of calomel, followed by salts and senna. Chemically this is an acidulous excess, both in the stomach and liver, and ten grains of soda bi-carb. to act on the stomach, followed by ten of potass bi-carb. to neutralize the hepatic secretion, in a glass of cold water, will often effect a cure in a few hours.

One of the most troublesome attendants of bilious as well as infantile remittent fever, is the constant passing of green bile with mucus, showing its irritating effect on the membrane, thus provoking the febrile action and otherwise retarding the cure. I do not mean to say that any preparation of Potassa will cure bilious fever, but no doubt their use will correct this abnormal secretion, and thus effect one of the most important indications.

On the treatment of dysentery or diarrhœa, or whatever name you give to the various bowel complaints of children, you find a double action or one extreme running into the other. If you are consulted in the early stage, you find the tongue slightly coated, but white, appearing as if the child had just taken a drink of milk, the stools pure, somewhat painful, but not frequent. This is always treated with antacids, as Hydrarg. cum creta, with Creta cum opii comp., or soda carb., so that in this I have no particular point to call your attention to. But what is far more likely, you do not see the case till various pills and potions have been administered by the too-confident parents, suggested by the too-knowing neighbors whose *children have been exactly the same*, and cured by the far-famed remedy. You find the tongue coated in the centre with a dirty white, inclining to brown, the tip and sides red, the fauces, gums and tips of the same color, a painful expression of countenance with a whining feeble cry, constantly picking its lips or ends of its fingers, stools more frequent, of the color of the coating of the tongue, more painful before each motion, and increasing in frequency, &c., &c., and you will invariably find an alkaline reaction, the stools often effervescing with nitric acid. Whatever course of treatment you would each suggest, you will find its efficacy most wonderfully advanced by an acid accompaniment, such as Tr. ferri mur., or, still further, you may find the eyes sunken with a dark areola; skin something of the color of the tongue, flesh full but flabby and doughey, with other strumous indications. There is an opportunity for a double chemical action. Feed the child on starch, and give diluted nitric acid. You will not only furnish the best nourishment, and counteract the excess of alkali in the system, but nitric acid converts the starch into oxalic—than which no remedy appears to have such specific power over the strumous diathesis.

Take another familiar example with children, one in which you have no doubt been sorely tried and wished, like the patient man of old, "your enemy would write a book on it." A child at breast, the mother strong and healthy, eats her meals with relish, has plenty of milk for the child, even more than it requires—this you find on standing in the glass, rich, and covered with thick, almost buttery, cream. She tells you the child nurses freely and throws it up without any curdling—bowels inactive for a few days, then three or four motions a day for a few more—child pale and fretful, crying and whining constantly—pulse irregular, with dry, sometimes feverish skin. Here is a case of infantile indigestion, tending to cachexia. You prescribe Infus. cinchona, or some other tonic without avail. Chemistry says, if you give that child sugar, it will convert the casein of the milk into lactic acid, one of the elements of the gastric juice of the child, and experience confirms the magical effect.

Pneumonia represents most perfectly the type of inflammatory disease, and its treatment has been the subject of universal discussion in the profession—from bleeding and blistering, with starvation diet, to the other extreme of sustaining the patient—with no trust in medicine, but simply letting nature have her own way and the disease run its regular course. If our profession were not a *science*, and its members not men of thought and education, this following *after* nature might have some virtue. But it happens to be otherwise, and the physician's duty is to lead and direct nature in her wandering, to check or encourage as occasion may require. In this perfect form of disease he has a perfect plan of treatment. With the protean compounds of the blood in an oxydized state, while the inflammatory process is progressing, he has only to press, with great rapidity, the alkalies into the system, and inflammation proper can only last as long as it requires to restore the blood to its normal alkaline state. The *consequence* of inflammation may remain, but the inflammatory stage can be checked in four or five days; and it is the only plan by which it can be kept in subjection; therefore Liq. potassa may be considered as having a complete control over this disease.

Rheumatism has been so frequently associated with excess of acid, that theorists have, for a few years past, laid down an alkaline course of treatment; but that excess of acid in the acute, or of alkali in the chronic, is symptomatic of the disease, I utterly deny. I would call your attention to the fact that there is a marked difference between rheumatism in Europe and rheumatism in Canada, particularly those of you who have had an opportunity of seeing cases in the hospitals of London as well as this country. In England, the chronic form tends to rheumatic gout; while in this country it assumes the nature of palsy. However, the fact that the excretions in some cases, and often in certain stages of the same cases, will acknowledge the test of alkaline and acid excess respectively, I think I may safely state as proven; hence it is our duty to seek out the admonitions that chemistry suggests and govern ourselves accordingly.

The powerful antiseptic and disinfecting effects of chlorine have been long known; but until the accidental discovery of the cloride of potassium, a few years ago, the different forms in which it was necessarily administered contained objections commensurate with its advantages. This salt is free from any of the difficulties of former preparations, not so caustic for local use as chloride of lime, and more effective than the chloride of sodium; it imparts its chlorine readily, and leaves the potassium as mild a caustic and gentle stimulant as could be wished, and whereever it has been applied to fœtid and indolent ulcers, the whole array of yeast and charcoal and other carbonaceous applications have fled before it in confusion. In that modern and most dreaded disease diphtheria, there appears no safety in any other remedy; it is a malignant fever with putrid sore throat, the whole lining surface of the fauces and pharynx throwing off a false membrane, which again immediately forms attachments in places and thus hastens dissolution by a mechanical obstruction. Gentlemen whose opinions I cannot but respect, still place their trust in Argentum nitras, but its application is very difficult as it could touch only certain places and its effect uncertain, while two or three free applications of a strong solution of the chloride of potassium with a sponge, will almost completely remove the local difficulty and leave you a "fair wind and an open sea." Thus we have viewed chemistry only as an adjunct or chief assistant at our labours, but as we rise in the scale of disease, and find, as we do so, our difficulty increase and our skill more at fault, we may be induced to look to this science as the polar star in our distress, and the guiding spirit to carry us through the storm. I include under one general term the different disorders of this kind, such as albuminuria, tuberculosis, phthisis, &c. I will speak alone of scrofula or general cachexia, and of course will not attempt any minutiæ of detail. We find an excess of fluid over the solid part of the body as well as deficiency of fibrin or muscular fibre and often total want of some important constituents of health, such as phosphorus and sulphur, or we have excess of hydrogen with loss of nitrogen. On the use and distribution of these two elements depend, almost solely, our hopes of cure; simply using carbonaceous and oxygenated substances as nourishment to keep good the supply and preserve the waste, until we can effect a change in these other elements. That chemical changes do not take place with the same certainty, and regularity in the system influenced by vitality as in the alembic and under our observation, I am willing to admit, but that these changes are more or less definitely and correctly effected while circulating in the blood, I think can be as clearly proven. As an instance—and it constitutes a most important part in our curative process—give for a few days, cod liver oil, with phosphate of lime, and you will detect the dumb-bell crystals of oxalate of lime in the urine. Now this can only be effected by the change of carbonic acid and carbonic oxide into oxalic acid, which from its stronger affinity, sets free the phosphoric acid and unites with the lime; this change is wholly produced in some part of the transit through the circulation.

Raw beef, pounded to shreds, has of late received the approval of the London and continental physicians, as food in these cases, upon physiological reasons, particularly its ready transformation—with little effort of nutrition—to the much needed fibrine; but we also find that the pounding divests it of its cellular substance, or cellulose, which is composed of hydrogen and oxygen in the exact proportions to form water. So the three—carbonic, oxalic and tartaric acids—to which so much importance has been attached, contain, two of them none, and the other a very small proportion of hydrogen, which may materially check that ready solvent from carrying the most important solids out of the system.

I cannot agree with the one-man power of Dr. Churchill, about the use of hypophosphites, but have no doubt of their most important efficacy when combined with cod-liver oil, so as to produce the chemical transposition before mentioned. The chemical indications of cure, therefore, consist in the proper regulations of hydrogen and nitrogen: the first, by keeping from the system all such articles of diet as contain the elements of water, and using for medicines—like chemical compounds—the few acids named above; the second, by conveying into the system, as much as possible, of substances rich in nitrogen; of these the principal are nitric acid, nitrate and cyanide of potas., and the different preparations of ammonia—chief of which is the muriate; articles of diet confined to caseine of milk, albumen of egg, and fibrine from beef and mutton.

Fruit, often highly recommended, derives its principal advantage from the long mastication required, causing a greater quantity of atmospheric air—a compound of oxygen and nitrogen—to be conveyed to the stomach with the saliva.

Dr. Fuller, in his treatise on rheumatism, acknowledges the principle, and prescribes—with the perfect conviction that an acid re-action exists in the blood—a strictly alkaline course of treatment, in all cases of the acute form. In the more chronic state, the uric acid is deposited in the form of urate of soda, in the joints and muscular tissue, causing the pain in motion. In this stage an acid treatment is found most serviceable, causing the decomposition of the soda.

Dr. Tanner, in the most admirable little hand-book of medicine ever written, referring to the treatment of fibrinous clots, sometimes found in the blood-vessels, says, "the admirable series of experiments by Dr. Richardson, teaches us that all the alkalies are resolvent, that is, they lead to the solution of nitrogenous tissue; that after deaths from alkalies, there is fluidity or partial fluidity of the blood, dissolution of the blood-corpuscles, softening of the soft parts, absence of cadaveric rigidity, and extensive but simple vascularity of the mucous surfaces and vascular organs."

These are enough to show the certainty of some of these chemical actions. I am aware some of my medical friends, for whom I have the highest regard, think these things impossible; but let them consider, if they had not, a few months ago, as little confidence in the Atlantic cable. I am putting forth no crude and imperfect theories of my own; I am giving the published opinions of the greatest writers of the age—Lehman, Bidder, Bishoff, Liebig, Mulder, Bird, B. Jones, Prout, Hassell, Garrod, Thompson, and others of equal celebrity—and showing that one of the most dire and hopeless diseases is receiving the attention of these great and able men, and being investigated on the purest scientific principles; and I trust the time is not far distant, if not already at hand, when we may include this in the hopeful expectancy of the great past.

Our foes intestine, what a numerous band,
Against this little thread of life conspire!
But Science can elude their fatal ire
Awhile, and turn aside Death's fatal dart,—
Soothe the sharp pang, allay the fever's fire,
And brace the nerves once more and cheer the heart.

RADICAL CURE OF HYDROCELE BY THE SETON.

BY THOS. R. DUPUIS, M.D., ODESSA, ONT.

Under the above caption, in the *Med. News & Library* for Jan. 1871, occurs an article extracted from a communication to the *Med. Times & Gazette* for Nov. 12, 1870, by Mr. Henry Smith, surgeon, in which this practice is very highly spoken of

This method is a modification of what is known as Pott's treatment, and recommended as perfectly safe, convenient and effectual; patients being able to go about and even attend to their various occupations during the progress of cure: two cases only, out of thirty operated upon, suffering subsequently even inflammation—one of these the result of imprudence in exercise, and no return of the disease in any. The operation may be described in Mr. Smith's own words, thus, "simply to puncture the tumor with a common suture needle armed with a single thread and having brought the thread out at a distance of one or two inches from the point of entrance, it is disengaged from the needle, and the two ends are tied lightly together." He further advises that this thread, as a rule, may be left in from eight to ten days, and at any time, if the inflammation seems inclined to fall short of the degree required, it may be increased by moving the thread.

As I have recently completed a cure by this method, I will detail partially the progress of the case, that your readers may with me form opinions respecting its value, as compared with the treatment by injection, and adopt it or reject it, as it seems to them to deserve.

The patient, aged about 44, was healthy in other respects, and attributed his hydrocele to a fall which he got astride a fence, by which the posterior part of the scrotum and perinæum on the right side, were considerably bruised.

When I first saw the case, on the 16th of March, 1870, it had been in existence over a year; the right side of the scrotum was nearly as large as a quart pot, and yielded on tapping over twenty ounces of fluid.

I urged him then to return when it became partially filled again, that I might proceed with the radical cure by injection, but I saw him no more till the 6th of Aug, when he came back, with his scrotum enormously distended. I tapped it once more, and over sixteen ounces of fluid escaped; still he would not submit to treatment for a radical cure, alleging as an excuse, that he "had not time to lay by."

On the 22nd, Febr, 1871, the patient presented himself again with the tumor about as large as at the latter tapping, and expressed himself anxious to have a final cure made, as the swelling was becoming so troublesome that he could not attend to his business; and on having the two methods of procedure explained to him, he was decidedly in favor of the operation by seton. In obedience to his wishes, and my own desire to test this plan of cure, I carried out Mr. Smith's directions, as fully and accurately as circumstances would permit. The operation itself was a very trifling matter, no immediate result following it, but a very slight oozing of serum externally, and the escape of a larger quantity into the cellular tissue.

On the 23rd, I found the patient considerably excited; the scrotum enlarged and globular, having a doughy feel from the effusion of fluid into the sub-cutaneous tissues, and generally erythematous; the penis, also, was very much distended and had a semi-transparent appearance. I relieved the latter by several punctures, and, as the patient was feverish, I administered a dose of Pulv. jal. co., with the object of relieving the febrile symptoms, and also promoting absorption of the effused fluid.

In the evening, after the operation of the purge, the patient seemed much relieved, the penis had become nearly normal, but the scrotum remained unchanged in appearance, and required to be kept suspended.

On the 24th, I found little change; the patient had slept well, and was eating sufficiently. There was perhaps rather more general excitement, the pulse being about 90, and the tongue slightly coated, but perspiration was taking place freely. There was considerable congestion and inflammation about the site of the seton; that was becoming hard and tender.

25th. The constitutional symptoms were much the same as yesterday. The scrotum had diminished in size so that the left side was nearly normal: on the right side the tunica vaginalis was less tense above, but harder and more inflamed at the lower part, and the skin of this portion of a dark red color; the skin and tunica vaginalis being consolidated together at this point, by the engorgement and hardening of the areolar tissue between them. The penis was normal.

26th. The patient had been acted on last night by another dose of Pulv. jal. co., and to day felt quite comfortable, and was walking about the house. The swelling and hardness of the lower part of the scrotum were unchanged.

I moved the string to set up more action; there was a very slight discharge of pus along side of the thread. He came to my surgery, having walked about a quarter of a mile, and stated that he had been trying to work a little. He said he felt well, but was weak. The general and local symptoms were the same as on yesterday, and on the day previous.

28th. The patient continued much the same as at last date, yesterday's exertions, however, had induced slight febrile symptoms, and caused general uneasiness This being the sixth day from the insertion of the seton, and the parts about it being thoroughly inflamed, I removed it, and trusted to the action already excited to complete the cure.

March 1st. Patient came to my surgery again, and had been doing light work. Very little change in the parts was apparent; the scrotum was still very large, not only from the oedema of the subcutaneous tissues, but also from the continuance of about a pint of fluid in the tunica vaginalis.

2nd. & 3rd. Came to my surgery again on both days feelling as well as usual, only very weak, and had continued intermittingly at work. The lower part of the scrotum was becoming greatly inflamed, largely swelled, of a very dark red color and showed evident signs of external suppuration. A poultice of bread and milk, or of slippery elm bark was prescribed, and ordered to be continued. One or the other of these poultices was applied a great deal of the time, but chiefly at night; the patient persisting in walking about during the day up till the 8th. At this date the swelling and pain were so great that the patient was compelled to lie in bed.

The poultice on the lower part of the scrotum was continued and Iodine applied around the upper part, and over the seat of the spermatic cord; nevertheless, on the 9th, the inflammation was still increasing, pain and tension very great, with tenderness over the whole scrotum, and extending up the course of the cord. The general symptoms indicated a great degree of systematic sympathy, and the whole man was, in reality sick. I ordered another small dose of Pulv. jal. co., to empty the bowels, and followed it by Pulv. Ipecac. co.

10th. Dr Maclean of Kingston happened to call at my house, and I asked him to walk down with me and see the patient.

As the scrotum remained very much distended, and there were no signs to indicate a speedy cure, if a cure at all, without further interference, we both thought it advisable to evacuate the contained fluid. This was done by the thrust of a bistoury; and sixteen ounces of proper straw colored fluid escaped, and also some pus from the subcutaneous tissues.

11th. I found the patient much relieved, and walking about the house. 13th & 14th. He was still feeling better, the scrotum was diminishing in size, the soreness was abating, considerable pus was discharging from the wound, and all his symptoms indicated a speedy recovery.

18th. I was called to see my patient again, and found him in a very unfavourable condition. He had been imprudently exercising—walking and trying to work—and had induced a re-accession of acute inflammation. The scrotum was enormously swelled, the tunica vaginalis evidently filling rapidly, the parts painful and tender to touch, with pain and tenderness across the lower part of the abdomen, the general health giving way, and the patient becoming emaciated. Calomel and opium were administered, and warm fomentations applied both to the scrotum and the abdomen.

26th. As the distension and inflammation of the scrotum had increased up to this date, although the urgency of the general symptoms had somewhat abated, Dr. Maclean was called in consultation. After mature deliberation, we concluded to try another evacuation of the contents of the sac.

I then introduced a trochar and canula, through about two inches of inflamed skin and subcutaneous tissue, and penetrated the tunica vaginalis. On withdrawing the trochar, about eight ounces of purulent looking fluid escaped through the canula, and after its removal, a large quantity of pus from the wound.

27th. The patient was much better, there was a free discharge of greenish pus, together with a yellowish fluid from the opening, the swelling was subsiding, and all appearances favorable.

30th. The patient was still improving, the swelling subsiding and the discharge of pus growing less; the serous fluid, however, was still escaping in considerable quantities.

April 5th. Everything has gone on favorably and the patient presented himself in my office nearly well. Slight discharges of pus and serum were occuring at intervals, but all dangerous symptoms had passed away, and the prospects of a complete cure certain.

In about a week after this, the patient went to work again and has continued at it ever since; a sero-purulent discharge remained for two or three weeks longer; the scrotum, during this time, gradually resumed its healthy character, until nothing remained of the effects of the disease and treatment, but the necessarily hypertrophied tissues. Time, and a suspensory bandage, are gradually removing this abnormal state, and the man may be said to be perfectly cured of his hydrocele.

This case was certainly not a fair trial of the seton according to the known rules of surgery, on account of the obstinacy of the patient, in persisting in walking and working while under treatment; but taking Mr. Smith's statements, that the patients were generally able to be about their work, as a guide, the trial was fair enough. The cure was certainly complete; but the length of time occupied, the other operations demanded during the progress of the case, with the unnecessary suffering thus inflicted upon the patient, do not recommend this practice to me as superior to that by injection.

The causes which seem to render it an objectionable plan are, first, the effused fluid must all be removed by absorption, and it is so great in a large hydrocele in comparison with the amount of absorbing surface, that so high a grade of action in the tissue, or so long a continuance of a lower grade, as is sufficient to effect this result, endangers the integrity of the parts: secondly, the origin of the inflammatory action required to change the character of the secreting surface, is too local, and by the time the whole interior surface of the sac is affected by inflammation, this will have become too intense at its starting point, namely the track of the seton; thirdly, inflammation is set up in parts *exterior* to the tunica vaginalis, which may result not only, as in this case in suppuration, but in extensive destruction of parts by erysipelas, gangrene, &c.

In all these particulars, therefore, there seems to be more risk, than in the operation by injection of a stimulating fluid, which is quickly brought into contact with the interior of an already empty sac, which subjects all parts at once to the same grade of excited action, and which does not interfere with the tissues *external* to the parts acted upon.

June 15th, 1871.

ERRATUM.—In the June number of the *Lancet*, in the article on Fibrous Tumors of the Uterus, by Dr. T. Mack, page 414, fifth line from the end read "sub-peritoneal" for "sub-mucous."

MEDICAL SOCIETY FOR MUTUAL IMPROVEMENT.

St. Catharines, May 2nd, 1871.

The Chairman, Dr. Comfort, opened the proceedings by a few remarks upon the so-called hæmorrhagic diathesis. He believed it to be dependent upon more than one pathological condition of the system, the first and probably the most common being a deficiency of fibrin in the blood, and, secondly, some imperfection in the capillary circulation, such as rupture of these vessels or exosmosis, from tenuity of their coats. Again, might not the deterioration in the fibrin result from want of vitality in the blood, dependent upon lack of nervous force. The blood remains fluid after ligature of the pneumogastric nerve in animals, in death from certain poisons, from zymotic disease, from Electricity, and from the bite of venomous reptiles.

A lady from the United States, aged 35, who had been a patient of Dr. C.'s, some years ago presented the symptoms of this condition of the blood in a very marked manner. At each period the conjunctiva would become congested, the nails red, and a passive uterine hœmorrhage would supervene, extremely persistent and exhausting. This lady, Dr. Comfort has been informed, has since died, shortly after her return to one of the Southern States, and her friends informed him that the cause of death was supposed to be cancer of the womb.

The want of tonicity in the capillaries might be remedied by stimulating the nervi vasorum, by the application of heat to the origin of the spinal nerves and by Faradisation, while the Ferric Alums and vegetable tonics and astringents should be of benefit in improving the constitution of the blood.

The most distressing hœmorrhage had occurred in such persons from the gums and alveoli after lancing the gums, of which we had a fatal instance some years ago in this town, and also after the extraction of teeth. The Dr. stated that the removal of teeth in chlorotic anæmic persons was seldom followed by even the ordinary amount of bleeding.

The hæmorrhagic diathesis appeared to be a vicious condition of the circulation *per se*, frequently hereditary and as far as he had been able to remark impossible to permanently remove or cure.

Tuesday, May 9th, 1871.

Dr. Goodman spoke in favor of the use of Iodide of Calcium as a remarkably mild and efficient alterative ; it appeared to him to be more easily assimilated in disordered states of the stomach than any other Iodide, he had used it lately with marked effect in diseases of the stomach and bowels in the strumous diathesis, he had not tried it in secondary and tertiary syphilis, but he would here allude to the great benefit derived from very large doses of the Iodide of Potassium at the General and Marine Hospital in several rebellious cases of those diseases.

The exhibition of Iodine combined with Albumen and added to milk or to other compatible articles of food proved useful in the treatment of Scrofula.

In the same way impregnating plants, such as water-cress with this element and eating it had been found by a gentleman present an excellent mode of producing the physiological action of this medicine as well as combining Iodide of Sodium with the salt used as a condiment.

Iodide of Starch mixed with sugar will be readily used as a sweetmeat by children. Iodine introduced in this way with an aliment acted more beneficially in the scrofulous diathesis where constitutional influences of a profound nature were sought to be brought about.

Another mode was the slight impregnation of beverages, so that the diurnal quantity of the medicine taken could be watched carefully and severe Iodism avoided.

Dr. Goodman reported a case of ruptured perinæum successfully treated. In this case, a primipara, after a very protracted and painful labour, a laceration occurred in a manner that appeared to have been almost inevitable. Forty-eight hours after the accouchment, the patient being placed on her left side with the knees drawn up, and the parts exposed to a strong light, four silver wire sutures were introduced, uniting perfectly the torn edges, a carbolized lotion was applied by a compress, and the knees were kept close together. Care was taken to prevent contact of urine and no motion of the bowels was permitted for four or five days. After the lapse of that time the sutures were removed and perfect union was found to have taken place—carbolized vaginal enemata were used, the bowels carefully opened, and the restoration was so complete as to leave her, if anything, "better than she was before."

CASE OF CARIES AND SUBSEQUENT REMOVAL OF THE WHOLE INFERIOR MAXILLA.

BY R. H. PRESTON, M.D., NEWBORO'.

SIR,—Dr. Preston, at my request, sent me the accompanying particulars of his most extraordinary case, and I should have forwarded it to you sooner had I not wished to be able to report the condition of the subject of it, at a later date. I heard from him last week, and the report is that he has continued to improve slowly but steadily from the time of the removal of the bone, and that he considers himself perfectly recovered, the only thing preventing it being the inability of the dentist to find sufficient footing for a plate of teeth on the lower jaw. This was running in the man's mind from the first; for before proceeding to remove the jaw he was particularly anxious to know how soon after its removal he would be able to have a set of artificial teeth. I need hardly say that the reply was not very encouraging.

Yours, &c.,

OCTAVIUS YATES, M.D.

Mr. L. B., aged 46, a farmer residing in the Township of Bastard, Co. of Leeds, Ont., a man of spare but temperate habits was attacked on the 18th of Oct. last with severe pain in the second molar tooth, right side of the lower jaw. The tooth was decayed so as to expose the nerve. Pain was severe, and the face soon began to swell until the 4th day when suppuration ensued, but instead of finding relief his symptoms became more severe; the discharge increased, also the swelling which extended along the course of the bone. He went on in this way until the 28th Oct., when I was sent for. I found him labouring under high constitutional excitement, pulse running 150, skin hot and dry with pus discharging freely from around the decayed tooth. With great difficulty I succeeded in opening his mouth enough to extract the tooth and the one in front of it, both being quite loose. I ordered beef tea, chicken soup, egg, cream and brandy, to be given freely; also put him on syrup of iodide of iron, and gave him a wash of carbolic water and glycerine.

On the 31st saw him again, the swelling and soreness greater and extending round the jaw; pus was oozing from the side of every tooth on the right side. The constitutional symptoms more severe, hectic, night sweats, pulse 150, growing weaker and very drowsy. Beef tea, &c., continued, brandy increased.

Nov. 3rd; saw him again; found him much weaker, disease extending, pus escaping from around every tooth in the whole jaw, and in large quantity; removed more teeth; increased as much as possible the amount of nutriment and stimulant.

Nov. 8th, saw him again and found him apparently sinking. The quantity of discharge was full a pint in 24 hours, a thick yellow-greenish pus, feet and legs œdematous, pulse weak and ranging from 130 to 150. At about this time, three weeks from the onset of the pain, besides continuing the nutriment, &c., I gave him large doses of quinine, also gave him cod-liver oil. For the next three weeks I saw him twice a week (he lives over 20 miles from me or I should have visited him oftener) and during this time the discharge gradually became less, and he rallied in strength so that he was able to sit up for a short time every day.

Nov. 28th, Dr. Addison, of Farmersville, saw him with me, and we decided to remove all the teeth, hoping thereby to save the body of the bone, but soon after their removal (one was left) the gum fell from the bone. I then removed the greater portion of the alveola, when the condition of the body of the bone was discovered. The sloughing of the bone continued to go on rapidly. I then sent for Dr. Octavius Yates, of Kingston, who met me on the 24th Dec., when we removed the whole bone, cutting it in the mesial line and taking out first one and then the other side, and only requiring to use the handle of a scapel to separate the soft parts. No cutting was required, and only one or two teaspoonfuls of dark venous blood lost. By following, with the finger, the track left by the bone, the glenoid cavity could be distinctly felt, sound and free from disease. At the point of the chin a slight cartilaginous band could be felt, no doubt nature's commencing substitute for the jaw.

For some time there continued more or less œdema of the lower extremities, but it has now quite disappeared. The chin has contracted but very little while his cheeks are fuller than formerly, and although his voice is changed his articulation is perfectly distinct. His gums, or what is left of them, are gradually becoming harder, and he now eats hashes, puddings, &c., to such an extent that he weighs 15 pounds more than his usual weight before he became ill.

The bone itself, but for one sound tooth which remains, would, at first sight, hardly be recognized. The surface of the bone only here and there is preserved, while the whole interior portion seems to be lost. The bone or rather the pieces may be seen, having been added to the Museum of the Royal College, Physicians and Surgeons, Kingston.

In conclusion, the question naturally arises, what was the cause of this rapid and complete destruction? No constitutional hereditary or acquired taint can be traced or found. No other part of the body was, or has yet, been affected. If left to itself (the supporting treatment excepted) the bone would probably have been thrown off or out, and thus furnish an example of spontaneous excision unheard of, (by me at all events) before meeting with this case.

Feb. 1871.

A CASE OF UTERINE POLYPUS.—OPERATION FOR REMOVAL.

BY WILLIAM C. CORSON, M.D., BRANTFORD, ONT.

On the 28th of July, 1870, I was requested by an elderly lady to visit her daughter, Mrs. H., who was on her way from Bay City, Michigan, to join her husband at Rochester, N. Y., and who had remained over at this place to make a short visit with her mother. I was given to understand that the patient was a confirmed invalid, but while here had become so much worse as to be unable to proceed on her journey. A leucorrheœl discharge, from which she was suffering, had become also so offensive, as to render her an object of disgust, not only to herself, but to all in the house; and it was under these circumstances that my advice was sought.

At my first visit, I found on enquiry that my patient had been out of health for the past three years, and for the past year and a half she had been under the care of a Homœopathic practitioner, who had treated her for ulceration of the womb. She was 28 years of age, the mother of four children—two of whom were living; and she had once aborted, at the commencement of her ill health. She was moderately plump, though anæmic from the long continued drain upon her system; and she was so debilitated as to be able to take only the gentlest exercise. After learning a few other particulars of her case, I made a digital examination per vaginam, where there was felt projecting into the vagina a round, smooth growth, which when followed up was traced to the fundus uteri, where it was attached by a pedicle the size of the thumb. The mass completely filled and distended the uterus so far as to render its cavity one even continuous passage with the vagina. The speculum was then introduced, when a view of a portion of the tumor was obtained, and there was seen an explanation of the fœtid discharge in a superficial slough on its lower end. To make "assurance doubly sure" as to the nature of the case, I introduced my hand up the vagina, and grasping the tumor, drew it into the external world for one-third its length. At this time there was a sero-sanguineous discharge, mixed with epithelium, so abundant as to require a continual changing of towels, and so offensive as to become intolerable.

Having satisfied myself as to the correctness of my diagnosis, the nature of the case was explained to the patient, and the immediate removal of the tumor was recommended—a proposition to which she readily assented; and the day following was appointed for the operation. Happening in the meantime to meet my friend, Dr. Henwood, of this town, I mentioned the case as one of unusual interest, when he expressed a desire to be present at the operation, and at the same time volunteered any necessary assistance, which was thankfully received. After considering the various procedures for the removal of uterine polypi, the operation by *écrasement* was selected as being less likely to be followed by either hæmorrhage or inflammation. Accordingly at the time appointed I proceeded to remove the tumor; but before beginning, at my request, Dr. Henwood made a vaginal examination, and concurred in the necessity for an operation. Accordingly the patient was placed upon a high, stout short cot, constructed after a design by Dr. J. C. Nott, of New York, for the purpose of speculum examinations, in which the feet are placed against a pin at the end of each rail, and the hips are drawn to the end of the cot, so that the patient is placed in something like the position for lithotomy. I then introduced one hand into the vagina, and taking hold of the tumor, drew it into the external world for nearly one-half its length, while with the other hand the chain of the ecraseur was passed up till it encircled the pedunculated portion, and there held in position. Dr. H. then gave the requisite turns of the screw slowly, and in a few moments the pedicle was divided. Little or no pain was experienced, and the hæmorrhage which followed was comparatively trifling.

The after treatment consisted in keeping the patient in the recumbent position, and in daily washing out the uterus and vagina with a warm douche, to which a small quantity of permanganate of potash had been added. The patient in her weakened state had become nervous and wakeful, and for the past few months she had been in the habit of taking chloral hydrate at bed time for the purpose of procuring sleep, and always with good effect. This she was allowed to continue. Nothing unfavorable occurred in the further history of the case, and in a week she was able to sit up, the offensive discharge disappeared, appetite and spirits returned, and in two weeks from the time of the operation she had regained sufficient strength to proceed on her journey, which she accomplished in safety. Before leaving she was advised to take a course of iron to enrich her impoverished blood, and I have since learned from her mother that she continued to enjoy excellent health.

The tumor upon examination proved to be the size of a very large pear, which it resembled in shape. It belonged to the fibrous variety of polypi, which are true submucous fibroids. The most remarkable and instructive fact in the history of the present case is that at no time was there either menorrhagia or metrorrhagia, the menstrual function having been performed throughout with tolerable regularity as to time and never excessive in quantity.

Just as I am concluding these hastily written notes of this case, I am called to see the mother of my patient, and she informs me that Mrs. H. was delivered of a healthy child at Bay City, Michigan, on the 18th May—a circumstance which shows her excellent recovery, as she must have become pregnant almost immediately after the removal of the polypus.

DEATH.

Dr. George Perks, of Port Hope, died on the 17th ult., from injuries received from his horse the evening previous. Deceased was a native of Stowbridge, Worcester county, England, and had been for twenty years an esteemed and useful resident of Port Hope.

THE EXTERNAL TREATMENT OF SCARLATINA.

BY DR. J. MUIR, ANTWERP, N. Y.

(*Concluded from page* 497.)

To this letter—as also to the eager remonstrances of many other practitioners—Dr. Sweeting's only reply was that[17] "he could not understand how it was that those who advocate sponging of the body in Scarlatina should have so few deaths—in one instance no death occurring in 200 cases; in another 1 in 60; in another 1 in 30." The only point, however, on which I joined issue with him was in reference to *warm* sponging. The major portion of his answer is taken up with deprecation of the *cold affusion.* I have already intimated that one is apt to hesitate about *its* adoption, if on no other ground than that of its general impracticability, though not a few, I am satisfied, would be deterred from apprehension of the effects of shock. While I give due weight to the assurances of reliable practitioners who have used it successfully, and do not feel disposed to question in the least the voice of authority otherwise in its favor, the proceeding has too heroic an aspect to be advisable frequently in private practice. For, the friends of patients immediately look grave and reluctant when the remotest hint is given of resorting to a measure so very energetic. There is also the certainty of popular condemnation if the case results unsatisfactorily; and this outside, unthinking, clamorous censure is a thing not easy to bear, and therefore not lightly to be excited. I have even encountered families who evinced a repugnance to the warm-bath, especially in the case of infants; but I have not yet experienced (or met a practitioner who had) the slightest difficulty in securing active and efficient aid in carrying out warm sponging. The statement made by Dr. Sweeting that every description of lavement caused death in the acute stage, or led to dropsy, is wholly unsupported. When pressed for illustrative cases, he has not even one to furnish, but takes refuge behind the cold affusion, in reference to which he no doubt felt certain of a generous measure of sympathy from many practitioners. That he may have seen "acute" cases prove fatal, and dropsical ones too, in which the warm sponging, or other of the milder modes of surface water treatment was essayed, is probable enough; but that there was any connection—even the remotest—between the external applications and the untoward result, is a thing he does not even enter on the attempt to establish. What is claimed for the warm sponge or warm bath is simply this: the eruption being kept out well, all danger of suppression is avoided; the continued determination to the surface materially relieves the internal organs most liable to be assailed; the force of the fever is mitigated, and desquamation facilitated.

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[17] "The Treatment of Scarlatina," (London *Lancet*, vol. 2, 1870, page 244,) by Richard Sweeting, M.D.

And now to consider the oleaginous section of our subject. Most of those who favor the use of water as an external application in Scarlatina approve of inunction. Flint[18] ascribes its origination to Schneemann, a German physician,[19] admits the efficacy of lard in allaying pruritus and diminishing febrile excitement; but he thinks as good results obtainable from the use of glycerine and rose-water, or glycerine and cologne. Dr. J. H. Tanner[20] advises "daily inunction of the entire surface with hot lard," in the simple form, and in Scarlatina Anginosa; but in a purely prophylactic point of view has no faith in it. Dr. S. Jones Gee[21] suggests the patient should be greased "with mutton suet,"—affirming "it often brings comfort." Dr. J. L. Ludlow[22] speaks of covering the whole body with lard, oil, or fat of bacon, as "a popular remedy in the fever. Dr. H. G. Knaggs[23] gives as the results of eleven months of experimental tests, that in febrile disturbances generally, and indeed in all disorders of childhood, accompanied by an unnatural state of the skin,—"smearing with salad oil slightly warmed," is productive of almost instantaneous improvement in every case. Dr. W.

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[18] A Treatise on the Principles and Practice of Medicine, by Austin Flint, M.D. 3rd Ed. Phila.. H. C. Lea, 1868. Page 924.

[19] A writer in the *London Lancet*, under date of Jan. 29th, 1870, claims for Sir James Simpson the merit of first recommending the smearing process. He says: "the beneficial effects of oil inunction were first observed by Sir James in the large woollen factories in the south of Scotland."

[20] An Index of Diseases and their Treatment, by Thos. Hawkes Tanner, M.D., F.L.S., M.R.C.P., &c., Phila., Lindsay & Blakiston, 1867, page 234.

[21] "Article on Scarlet Fever" in Reynolds' System of Medicine. By. S. Jones Gee, M.B., vol. 1, page 354.

[22] Manual of Examinations, by J. L. Ludlow, A.M., M.D., Phila., Blanchard & Lea, 1860, page 421.

[23] "Notes on Anointing in Infantile Disorders," (*London Lancet*, vol. 1, 1870, page 114,) by H. Guard Knaggs, M.D., F.L.S.

Fergus[24] considers anointing with fatty substances not likely to benefit the patient much in the early stage of the disease; but is decidedly of the opinion that, to a certain extent, it may arrest the diffusion of separated cuticle. Drs. Budd and Prior[25] agree that anointing with camphor oil is "an excellent precaution." Dr. C. Lovegrove[26] refers to warm olive oil in scarlatinal enlargement of parotid gland as "invariably successful" in effecting diminution. Dr. Thomas Hiller,[27] of the London Hospital for sick children, says, "during convalescence, warm baths and anointing are useful." Dr. F. Smith[28] believes six parts of olive oil to one of carbolic acid will effectually destroy the vitality of the scarlatina germ "at the very moment of its making its appearance on the surface of the skin." Dr. David Gibb[29] adds carbolic acid also, to mutton suet, (in proportion of one to twenty,) and finds "this unctuous application to be soothing and refreshing." Dr. J. H. Bennett[30] states that excessive dryness of the skin is the indication for employing "oil or grease." A prolongation of the list I deem unnecessary. The practice has the endorsation of distinguished names enough to incline us to accept it without much hesitation, and the readers of the *Canada Lancet* will have noticed that in pressing its claims, (as also those of the warm sponge or bath,) that I have not relied on the routine teaching of the schools; but, for the most part, have given them, in the fewest possible words, the views and experience of reliable living practitioners in present active work. While very few, if any, claim for inunction the advantage of being prophylactic in the ordinary sense of the term, it is still preservative in so far as it enables us to isolate cases. What I

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24. "On Scarlatina," (*London Lancet*, vol. 2, 1869, page 702,) by Walter Fergus, M.D., Edin.

25. "A Contribution to the History of Scarlatina," (*London Lancet*, vol. 2, 1869, page 570,) by C. E. Prior, M.D., F.R.C.S.

26. "Scarlatina, with Hemorrhage," (*Ibid*, vol. 1, 1870, page 729,) by C. Lovegrove, M.D.

27. Diseases of Children, by Thomas Hiller, M.D., Lond., Phila., Lindsay & Blakiston, 1868.

28. "Carbolic Acid Oil in Scarlatina," (*London Lancet*, vol. 2, 1869, page 762,) by Fred Smith, M.D.

29. "Carbolic Acid Oil in Scarlatina," &c., (*Ibid*, vol. 2, 1869, page 830,) by David Gibb, M.D.

30. "The Therapeutic Value of Oil and Water in the treatment of Skin Diseases." (The *Practitioner*, vol. 1, 1868, page 211,) by J. H. Bennett, M.D., F.R.S.E.

desire to carry is this, by anointing a person with any fatty preparation whatever, we cannot render him invulnerable in a conflict with the morbific principle of Scarlet Fever. He is just as susceptible and as likely to yield to the power of contagion as before; but, by smearing a patient already attacked, we may, to some extent, prevent the spread of the disease to other parties. And the theory on which this expectation is based, is plausible enough. We are told [31] that patients do not cease to be contagious until every particle of the natural formites, (the epithelial scales,) has been removed. Dr. Gee[32] asserts that "under ordinary circumstances, these scales are all but permanently contagious,—which explains the tenacity with which the danger clings to materials of any but the closest texture. Uncovering a scarlet fever patient in the direct rays of the sun, a cloud of fine dust may be seen to rise from the body; contagious dust, which, no doubt, subsides into every crevise near the bed." Efficient inunction, intelligently pursued, retains in position, for the time being, not only the infectious excreta from the skin, but the minute particles of dislodged cuticle as well, which form the "contagious dust," of Dr. Gee,—to be removed, at regularly arranged periods, by the warm sponge or bath. There can be no doubt that the danger of communication is very much lessened by these alternate oilings and cleansings; and one can therefore readily credit the assertion that families, who rigidly carry out the treatment of a first case, are not very liable to have a second member prostrated. Indeed, I fully realized this fact in the thirty cases mentioned in my communication to the *London Lancet.*

To sum up then. The applcation of warm lard or other fatty substance to the surface of the body in Scarlatina is found to be "soothing," "comforting," even "exhilarating;" it assists in restoring a healthy action of the skin, and allays the pruritus from which so many patients suffer excessively; it affords the protection from atmospheric changes which an abnormally sensitive condition so much requires; it undoubtedly assists in the arrest of tissue waste; and, in conjunction with the water treatment, is valuable as a means of preventing the spread of the disease.

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[31] Reynold's System of Medicine, vol. 1, page 333.

[32] *Ibid*, page 334.

In the paper just closed, I have endeavoured to be as exhaustive of the subject as time, opportunity, and the limited space at my disposal, would admit of. I will be much pleased indeed if my somewhat hurried, and consequently imperfect effort, elicits corroborative testimony in favor of the external treatment advocated, from any of the subscribers to the *Canada Lancet*.*

FEMALE MEDICAL STUDENTS.

(*From our Edinburgh Correspondent.*)

As I believe at present, there is no college in Canada in which women are admitted to the study of medicine, it may interest some of your readers to hear a little about the female students of this city.

In the autumn of 1869 the Edinburgh University decided to admit women to the study of medicine, in separate classes, confined entirely to women, under certain conditions, as follows:

1. Women shall be admitted to the study of medicine in the University. in separate classes, confined entirely to women.
2. The professors of the University of the Faculty of Medicine shall for this purpose be permitted to have separate classes for women.
3. In the event of the number of women proposing to attend such classes being too small to provide a reasonable remuneration it shall be in the power of the professor to make arrangements for a higher fee, subject to the usual sanction of the University Court.

After this was paseed through the University Court the ladies found great difficulty in obtaining the sanction of a number of the professors to attend their classes, the majority not being willing to give them separate lectures, so that although they had matriculated as students, they could not obtain a complete staff of lecturers. But they also would be obliged to attend a hospital, with the requisite number of beds. In this there was great difficulty, as the Royal Infirmary was the only recognised place. The male students attending the Infirmary then got up a petition, which was signed by upwards of three hundred of them, to this effect, viz: That female students of medicine should not be admitted to the wards of that institution between the hours of 12 noon and 2 p.m., that being the time during which they attended, and received their clinical instruction. And although many meetings had been held for the purpose of discussing the propriety of admitting the ladies to the clinical teaching in the Royal Infirmary, and even after new managers were elected, they decided against their admission. It was at one of these meetings, when the above mentioned petition was brought before the managers, that Miss Jex-Blake spoke of the ungentlemanly conduct and foul language used towards them by an assistant of one of the professors during a disturbance which took place in November last, at the Surgeons' Hall, which has ultimately led to the recent action against her by that assistant for defamation of character, and of which I will hereafter take notice.

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* Errata in first portion: at page 494, sixth line from top, read "and" for "but;" and page 495, sixth line from bottom, read "ataxic" for "atoxic."

The plan of the ladies now was to try and get two hospitals, which together would make up the number of beds, and for this purpose they sought admission to Leith Hospital and Chalmer's Hospital. The former place however objected to the arrangement, and they next proposed to combine the Royal Hospital for Sick Children with Chalmer's, and both have thought it inexpedient to admit them, at least while the ladies have not yet a complete number of lecturers. The medical school of the College of Surgeons did admit them to the classes, (with the male students) but I have the best authority for stating that they intend to do so no longer. Even some lecturers who at first were strong supporters of the ladies are now opposed to them.

Many people of wealth and position are said to support their views, and the means at the disposal of the lady students is apparently great, as it is reported that it is their intention to erect or lease a building of a similar size, to accommodate a sufficient number of patients. As they will be unable next session to obtain instruction from the professors of the University or the College of Surgeons, their position is rather a difficult one. Subscribers to the Royal Infirmary who favour their admission, are in a rather curious manner, showing their dissatisfaction, if we may judge from some letters which appeared in the daily papers, stating that if the managers still refused to admit them, the subscriptions of these would be withdrawn, thinking, evidently, by so doing, that they would be obliged to admit them. On the other hand the subscribers, who are against the ladies, could use the same argument, but much more effectually, on account of their number.

The trial of Miss Jex-Blake took place last week. The Court-room was crowded, the number of ladies being quite as great if not greater than that of gentlemen present. Most of the female students were also there, numbering about a dozen. At a meeting of the managers of the Royal Infirmary, when the question of admitting ladies was discussed, Miss Jex-Blake said that Professor Christison's class-assistant was one of the leaders of the disturbance before mentioned, and had used foul language towards them, which could only be excused on the supposition that he was intoxicated. It was this speech of hers which led to the action, which occupied the Court for two days. Miss Jex-Blake did not make any apology, or withdraw any part of her statement.

Very many witnesses were examined on either side. The counsel for Miss Jex-Blake did not try to prove what she had said to be true, it was therefore taken for granted that she allowed it was false. The witnesses all having been examined, the jury retired for about an hour, when they unanimously agreed in rendering the verdict against the lady, and awarding the gentleman one farthing damages. This carries with it the expenses of the action, which amount, I believe, to about a thousand pounds.

F. R. S.

Edinburgh, June 7th, 1871.

CORRESPONDENCE.

(To the Editor of the Canada Lancet.)

Dear Sir,—For the information of others as well as myself that are striving to attain to as high medical proficiency as possible, practically as well as theoretically, I would ask what are the privileges that should be accorded in the office of a medical practitioner to students that have attended one or more sessions at College, and also to those that have not yet attended College? I am sorry to say that it is too often the practice with medical men who have students under instruction, to make mere tools of them in place of instructing them practically as they should. The little instruction we receive in a doctor's office (except to do errands and keep the office clean) conveys to our minds the idea that they are afraid to make us acquainted with those valuable practical hints which they are in possession of, for fear that at some future time we may attain to a higher degree of proficiency in medicine than they are capable of attaining to themselves. At the College we receive the theory, and in a doctor's office we are supposed to acquire a practical knowledge of medicine. We may be ever so well up in theory, but what will it avail us if we know not how to use it to a practical purpose. Hoping, Mr. Editor, you will bear with me for wishing to have this and the information required occupy a space in the columns of your valuable journal,

I remain,
Yours respectfully,
MED. STUDENT.

June 21st, '71.

[It is a very difficult matter for *us* to say what privileges should be afforded students in the office of medical practitioners, as so much must necessarily depend on the arrangements made between the contracting parties. We think however as a general rule, that medical men who take students under their care should lose no opportunity of giving them information, both practically and theoretically, of such nature and extent as their practice will enable them. All medical men are not equally capable of imparting instruction, and some are exceedingly careless, therefore it behooves the medical student if he would consult his own interest, to be very careful in the selection of his preceptor.—ED.]

APPOINTMEMTS.

Dr. Covernton, of Simcoe, President of the College of Physicians and Surgeons of Ontario, has been appointed to Dr. Bovell's chair on the Medical Staff of Trinity College, Toronto.

Dr. Kennedy, of Chatsworth, near Owen Sound, has been appointed to the chair of Anatomy in Victoria College, vacated by Dr. Mullin.

Dr. Barrick has been elected Treasurer of the Medical Faculty of Victoria College, in place of Dr. J. H. Sangster, late of the Normal School, who has resigned his position in Victoria College.

Dr. Pyne, of Hagersville, has been appointed associate Coroner for the County of Haldimand.

Dr. W. S. Christoe, of Flesherton, has been appointed associate Coroner for the County of Grey.

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of every Month.

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto*

TORONTO, AUGUST 1, 1871.

THE NEW REMEDY FOR CANCER.

Cundurango, the new remedy for cancer, has, it is said, proved successful in all cases in which it has been tried. The demand for it has been so large that the supply in possession of the United States Government has been exhausted. It is the bark of a tree which grows in Peru and Equador, South America.

Dr. D. W. Bliss, of Washington, D. C., who has had the best opportunities for trying this remedy, says, in a letter to Dr. G. H. Bixby published in the *Gynæcological Journal* for July, that the cases of carcinoma which he was treating with the Cundurango Bark were rapidly improving. Two were cancers of the breast, in both of which there were secondary deposits, one in the neck, shoulder and arm, the other axillary and submental. The secondary deposits subsided under treatment, and the mammæ became soft and assumed their normal color and elasticity. In a case of carcinoma uteri *in extremis* the pain subsided, the discharge became less offensive and changed its character from a thin watery "prune juice" discharge to a purulent and more healthy condition, the tongue cleaned, and became less red, appetite returned; painful micturition subsided and the patient really became convalescent.

The Dr. believes he is *not mistaken* in regard to the effects of this remedy, and at a later date writes that he has daily additional evidence of the reliability of the remedy in malignant diseases, and can safely risk his reputation upon the result of its general use. From the reports of Dr. Bliss and others, there is much reason to hope that this remedy may prove an inestimable blessing to suffering humanity. It seems to have some specific effect upon cancer and syphilis and is worthy of a more extended trial. We will endeavour to obtain some of the Bark if we possibly can at an early date, and we will have abundant opportunities of testing its value under our own supervision.

HONORS TO PROFESSOR CHRISTISON OF EDINBURGH.

At a meeting of the Senators of the University, a Bust of Prof. Christison was presented to that body, and a *replica* of the same to the members of Prof. Christison's family. A great number of his personal friends were present on the occasion, together with his colleagues and friends of the University. The list of contributors to the fund for the above purpose embraces the names of the entire body of the Senatus Academicus, almost every member of the University Court, and medical members of the University Council, and the members of the general Medical Council of Great Britain. The Bust was executed by Mr. Brodie, and is said to be an admirable likeness of the worthy Professor, and has the advantage of being executed while he is still in full vigour and vitality amongst them. His family was represented by only one of his sons. He has three sons: one in England, but unavoidably absent; another in India occupying a position somewhat similar to his father's in a medical college in Agra; the third—the youngest—was present at the presentation. This is the second bust of a living man now in the University. The former was the bust of His Royal Highness, the Duke of Edinburgh.

The *replica*, accompanied by the list of subscribers, was presented to Mr. John Christison—the youngest son—who was present on behalf of the family.

Prof. Christison has held a prominent place in the University for the long period of forty-nine years, during which he has filled two chairs in succession. His reputation is not confined to his academic honors: there are few branches of science or of intellect in which his name is not honorably distinguished. He at present holds the proud position of President of the Royal Society. His services to the University with which he has been so long connected have not been over estimated. His example of manly virtue, his scientific calmness, his varied accomplishments, have not been without their influence on the moral, social, and intellectual well-being of those with whom he has come into contact, both as colleagues and pupils. His whole life has been characterized by all those qualities which make up a highminded gentleman.

ONTARIO COLLEGE OF PHARMACY.

The Pharmaceutical Society which has been in operation for some time past, was supplanted on the 1st ult. by the Ontario College of Pharmacy. At a meeting of the former society held prior to the organization of the new college the following appropriations were made to the retiring officers:—Corresponding Secretary $100; Recording Secretary $100; former Corresponding Secretary $25. After the debts of the society were paid the sum of $403,85 was handed over to the new organization. For the future a rigid supervision will be exercised over all who dispense drugs.

The first meeting of the examiners appointed by the council of the Ontario College of Pharmacy, will be held on the 2nd Inst., for the examination of candidates and granting certificates to act as Chemists and Druggists in the Province of Ontario.

We congratulate the College on the favorable auspices under which it has been inaugurated, and trust that it may have a long career of usefulness to the profession and the public.

QUACKERY.

The following advertisement clipped from the *Oshawa Vindicator* was sent us for publication in the Lancet. We most unhesitatingly comply with the request as we feel it our duty to expose such miserable quackery wherever we find it to exist, without respect to persons. We confess our surprise that Dr. Martin who is a practitioner of several years' standing should adopt such a course of procedure. If he is half as talented as he represents himself to be there is no need of such tremendous puffing.—Ed.

"Below we give further testimonials to the skill of Dr. Martin, of Port Perry. The doctor is proving very successful in his practice, especially in his specialities. The doctor's practice is not limited to Port Perry, but extends far and wide. Skill is appreciated and will obtain its reward.—*Oshawa Vindicator.*

The inhabitants of this section of country have reason to congratulate themselves on the acquisition of a very important addition to their medical staff in the person of Dr. Martin. late of Lindsay, so well and favorably known as a most skilful and successful practitioner. There is certainly nothing more desirable in a community than a skilful faithful physician. A wrong step, a blunder in any other profession or calling may be retrieved but in this it is fatal. The sickly patient delivers himself with child-like confidence (and he ought to do so) into the hands of his medical adviser and —under Providence—the future health and even life of the former depends upon the faithfulness and skill of the latter. "All that a man hath will he give for his life; consequently there can be no more important acquisition to a community than a thoroughly trained and skilful physician. Dr. Martin's record is a capital one.—*Ontario Observer.*

Dr. Martin.—As will be seen by his card in another column, Dr. Martin has returned from New York laden with honors, and taken up his residence at Port Perry for the practice of his profession.—Besides being a graduate of a Canadian University, Dr. M. now appears before the public as a graduate of Bellevue Hospital Medical College, New York, of the Eye and Ear Infirmary, in general and orthopoedic surgery, and special graduate for diseases of the chest. The doctor's numerous friends in town and country will regret to learn that he has left Lindsay and will envy Port Perry the presence of one now better qualified than ever to treat successfully the various ills that "flesh is heir to." We have no doubt in Dr. M's. new sphere he will speedily be in possession of a large and lucrative practice, and would cordially recommend him to any of our friends in Port Perry who may require the services of a thoroughly qualified medical adviser.—*Lindsay Post.*

A Valuable Reputation.—To no other class of the community is a professional reputation of so much importance as it is to the medical practitioner, and in no profession is there as great a difficulty in building up a sound professional reputation as there is in the medical profession. The reputation of a medical man cannot be the result of accident, it can only be secured by perseverance, intelligence and skill. It is, however, a something worth contending for, not so much for the peculiar advantages, which it secures to the practitioner, as for the general good of the community amongst whom he resides. A physician who has won his spurs, who has succeeded through a long and successful career in thoroughly establishing his reputation, is justly regarded as one of the chief blessings and most important requisites to a prosperous community. For a patient to have full confidence in the reliability of his medical adviser is half the battle. When we know that we are in the hands of one thoroughly up in his profession we give ourselves unreservedly into his hands and unhesitatingly allow him to steer us through the intricacies and dangers of the disease. On the other hand, should we fall into the hands of an unskilful or even doubtful guide, we follow his advice with the worst possible grace—shutting our eyes and opening our mouths, and follow our own whims, or those of some one else, with about as much confidence as we do that of our medical adviser, until we have ruined our constitutions if not sacrificed our lives. When the wheels of life begin to clog, or the harp of a thousand strings gets out of tune, no greater comfort can be afforded the suffering than the knowledge of the fact that a skilful physician is at hand. We are not at all surprised that the several communities amongst whom Dr. Martin has practised his profession should congratulate the community in and around Port Perry on their good fortune in having him locate among them."—*Ontario Observer.*

DR. MARTIN.—The advent of this gentleman to Port Perry, who is already securing a large and lucrative practice, has been the subject of considerable comment by the press of this County. The following quotations in addition to those already given, are highly flattering, and withal no more than 'honor to whom honor is due.' Our readers will not be slow to recognize real merit, and to profit by its advantages. A word to the wise is sufficient.—*Port Perry Standard.*

we would call the attention of onr readers to the card of Dr. Martin of Port Perry, which appears in this issue. The Doctor's reputation as a skilful and successful practitioner is so well known throughout all this section of country that he requires no special recommendation from us. For fifteen years and upwards, first in Manilla and latterly at Lindsay, Dr. Martin has conducted one of the most extensive and successful practices ever conducted in this section of country. His opportunities of acquiring a thorough knowledge of his profession have been the very best. Besides undergoing a complete course of training in Canada he spent two years during the war as acting surgeon in the American army, and he has just now returned from New York, where he has been spending the winter at Bellevue Hospital Medical College, and other institutions, so as to be fully up to the times in the scientific treatment of disease. We anticipate for the doctor a successful career in Port Perry.—*Cannington Gleaner.*

BOARDING AND DAY SCHOOL.

We have been requested to state that Mrs. Dr. Rolph (widow of the late Hon. Dr. Rolph) purposes opening a boarding and day school in Toronto, and will be glad to receive a limited number of young ladies as pupils.

Competent English governesses have been carefully selected, and the attendance of the best masters will be secured.

The first term will commence on Tuesday, the 5th of Sept., 1871. For Circular and particulars address Box 1368, Toronto.

We regret to announce the death of Ogle R. G. Buchanan, M. D. of this city, from Inflammation of the Lungs. He died on the 11th June, after a short but severe illness. Dr. Buchanan was a graduate of Victoria College, (1867), and has since practiced medicine in this city with considerable success. His funeral took place on the 13th June, and was largely attended. He also leaves a young wife and child to mourn his untimely loss.

BOOK NOTICES.

A Treatise on the Diseases of Infancy and Childhood, by Thos. Hawkes Tanner, M.D., F.L.S., author of Practice of Medicine, &c. Third American from the last London Edition revised and enlarged. Philadelphia: Lindsay & Blakiston. Toronto: Copp, Clark & Co. Price $3.50.

The present edition of this popular work has been enlarged to 550 pages, by the addition of much new and valuable matter. The work of revision and enlargement has been entrusted to Alfred Meadows, M.D., London, and the care and attention which he has bestowed upon it greatly enhances the value of the book as a work of reference. Some very important changes have been made in the arrangement of subjects, and the appendix of formulæ has been enlarged and re-arranged. The revisor lays great stress upon the particular Diatheses of Children, and the importance of its bearing in regard to Therapeutics and treatment.

This work fairly represents the present state of our knowledge of this department of medicine, and should be in the hands of every reading physician in the country.

BOOKS AND PAMPHLETS RECEIVED.

The report of the medical superintendent of the Rockwood Lunatic Asylum has come to hand. It is a very able report and contains much valuable statistical and other information.

The Medical Superintendent, Dr. Dickson, strongly advises the separation of the asylum from the penitentiary with which it has been so long connected, and it is exceedingly desirable that this should be done as early as possible. It is a very great mistake, this mingling of insane convicts with the non-criminal class.

The Dr. refers to the defective state of the heating apparatus, and recommends an improvement in this respect. He also complains of the imperfect ventilation of the building, and insists upon the carrying out of a plan submitted by him in his last annual report which, he feels confident, would obviate the difficulty.

A comparative statement is given of the annual cost of maintenance of each patient in the different asylums of the Province, which is as follows:—

Provincial Asylum, Toronto	$200 00
London Asylum	167 69
Rockwood Asylum	143 00

With regard to the subject of amusements for the insane, which is considered so valuable in the treatment of this class of patients, he states that sacred music is the only entertainment he has been able to afford them. This is really an important matter and should have the immediate attention of the Commissioners.

We have also received the 13th Annual Report of the Medical Superintendent of the Provincial Hospital, Halifax. The most pressing want in regard to this valuable institution is, according to the report of Dr. De Wolf, the Medical superintendent, the want of room, and he strongly urges the immediate completion of the Hospital.

The patients appear to have been well treated in the way of sleigh drives, steamboat excursions, theatricals, concerts, &c., and the heart of many a poor soul gladdened. Most managers bear testimony to the good effects of such kindness in the treatment and management of insane patients.

The Dr. also expresses his thanks for the kindness of the Commissioners in giving him leave of absence to attend the convention of Superintendents of Insane Asylums at Hartford, Conn., and also for permission to accept a professorship in Dalhousie Medical College.

The report is carefully prepared and contains a large amount of useful information to those interested.

Professor Croft's Report.

Two years ago we began to import pure light wines direct from the vineyards of the south of France believing that both in price and quality they would be well adapted for consumption in Canada. The result has surpassed our expectations, and the demand has been such as to tax all our energies for its supply.

As a considerable portion of this demand has arisen from the adoption of these wines by medical men in their professional practice, and their consequently extended use by invalids and delicate persons, it has been suggested to us that a careful analysis of those brands most used, and especially the cheaper ones, would be useful, to show the various proportions of the main constituent parts of each description, so that, in every case, the wine most suited to the requirements of the consumer might be selected.

Professor Croft, of the Toronto University, has kindly made this analysis for us, and we annex his report with the chemical results given in a tabulated form. The higher priced and better known wines, being more articles of fashion and luxury, have not been included in this table as their number would make it too cumbrous for easy reference.

QUETTON ST. GEORGE & CO.,
Wine Merchants,
34 King Street East, Toronto.

UNIVERSITY COLLEGE, April 25th, 1871.

GENTLEMEN,—I have taken considerable interest in the examination of the Roussillon and other wines of your importing, on account of their being of a character so much superior to what I expected. I have tested them by the processes of Chevallier, Jacob, Vogel and Esenbeck, and in all cases have proved them to be pure and unadulterated wines. The following table will show the relative strengths, as regards solid matter, alcohol, alkaline salt and acid, the latter being calculated per gallon. The alkaline matter is the ordinary wine salt or cream of tartar—bitartrate of potash. The determination of the quantity of astringent matter does not seem to be possible, but its relative proportion can be easily distinguished by taste. The Roussillon wines and Masdeu and some vins d'ordinaire have a good deal of it, while in the Alicante it is scarcely perceptible. The Masdeu has the greatest alcoholic strength of all these wines, and the Alicante most saccharine matter.

NAME.		Specific Gravity.	Absolute Alcohol by weight.	Solid Matter, Sugar, &c.	Ash.	Acidity per gallon.
Roussillon Vin Rouge	$1.00 per gal.	1.012	12.17	7.50	0.50	468
Roussillon Port, No. 1	2.00 "	1.018	14.86	9.10	0.80	435
Roussillon Port, No. 2	1.50 "	1.031	12.29	13.50	1.25	462
Alicante	2.00 "	1.033	15.47	14.25	0.30	339
Masdeu	2.00 "	1.007	17.22	10.20	0.40	457
Catalonian Port	1.50 "	0.997	10.24	4.38	0.63	366
Vin d'ordinare (Lansade)..	3.00 per doz.	0.998	8.33	2.07	0.40	621
Vin d'ordinaire du Midi (brown label)................	3.50 "	0.997	10.78	3.06	0.30	629
Vin d'ordinaire (w'te label)	2.50 "	0.995	8.83	2.04	0.31	630
French Sherry, or Vin blanc d'ordinaire....................	1.50 per gal.	0.999	15.60	5 07	0.20	317
Vin de Graves...................	4.00 per doz.	0.991	9.66	2.01	0.21	350

The proportion of alcohol calculated as proof spirit would be about double that of the alcohol given in this table.

Yours truly,
HENRY CROFT.

Messrs. QUETTON ST. GEORGE & CO.

THE

CANADA LANCET,

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Original Communications.

ABSTRACT OF A PAPER READ BEFORE THE MEDICO CHIRURGICAL SOCIETY OF MONTREAL ON MYOTOMY AND TENOTOMY IN CERTAIN JOINT-DISEASES AND THEIR SEQUELÆ.

BY W. H. HINGSTON M. D. M. R. C. S. ENG.

Joint-diseases, their etiology, history, pathology and treatment, and not less in their sequelæ, are among the most interesting to the practical surgeon. I shall not in this paper, more than is necessary, enter upon those vexed questions which divide surgical writers, nor shall I, from a partial experience, endeavour to deduce general principles for the guidance of others. But as much of what I shall say is based on a belief in the generally local or traumatic character of uncomplicated joint inflammations, I deem it necessary to make that statement at the outset. Were I to say more I should invite a discussion foreign to my purpose; and were I to say less, much of what follows would require constant explanation.

Myotomy or tenotomy was introduced to the profession by Stromeyer, of Kiel, in Schleswig-Holstein, for the relief of congenital deformities in otherwise healthy persons. Dieffenbach, of Berlin, employed it not only in such cases, but also preparatory to attempts at removal by forcible extension and *brisement forcè* of deformity caused by disease. He operated 200 times—two patients died from pyæmia and suppuration, and one required amputation. But how inadequate were the results may be gathered from the fact as mentioned from Bauer, that while in some the limb was benefited to a moderate degree, in others anchylosis became re-established. Dieffenbach, however, had accomplished *all* that could be done by any one without the aid of chloroform. Langenbeck, his able successor (by whom I had the advantage of receiving instruction in the winter of 1852 and 3) considered that in chloroform he had an agent powerful as tenotomy, and much superior; and often have I seen him attempting by *brisement forcè* alone what could have been much more easily, and much more safely, accomplished by that measure when preceded by subcutaneous division. Shortly after I began practice in 1853, I attempted, and with fair success, to restore the function of an elbow joint, anchylosed by disease, but the time and trouble to myself, and the suffering, and, as I believed at the time, the risk to my patient, were such as to induce me to avoid rather than to desire a renewal of them in similar cases. Two more cases, however, came under my notice, and while one did well, in the other the swelling, puffiness, heat and pain were of a character to compel me to desist from further attempts to place the limb in a better position—much less to restore motion. But the hip joint I had not meddled with, for I recollected how Langenbeck had discontinued both tenotomy and *brisement forcè* after a short and unsatisfactory trial. When (1865-6) Dr. Bauer, formerly of Brooklyn, N. Y., visited Montreal, I listened to his lectures with the deepest interest, and furnished him in my wards at the hospital frequent opportunities of illustrating them. I observed in his efforts a courage equalling Langenbeck's, with a result more satisfactory and less hazardous. Some of the views he then expressed were most original. Dieffenbach, Guerin, Roux and others had preceded him in the practice of tenotomy as preliminary to all attempts at *brisement forcè*, but to Bauer is certainly due the merit of having first recommended subcutaneous division of muscles as an antispastic and antiphlogistic in certain inflammatory conditions of the joints.

Within a little more than five years I have practised tenotomy in joint diseases frequently; as an antispastic and antiphologistic in morbus coxæ, threé times. In inflamed knee joints five times—in all eight times. As a preliminay to forcible restoration, by traction or *brisement forcé*, of the normal position of the joint at the knee eight times, and at the hip thirty-three times, in both forty-one times, or in all forty-nine times. * *

As an antispastic the operation gave invariably entire relief to pain and spasm. In the first case in which I divided the biceps for inflammation of the knee joint, no pain had been referred to the back of the knee—a small spot immediately below the patella was alone painful. The pain was of the most excruciating character. Yet, no anodyne, no anæsthetic ever gave more immediate or moré complete relief than that which followed division of the biceps. In the four other cases relief was most complete but not so marked, as the sufferings which led to the operation had not been so severe in character.

It might be supposed that in some cases, at least, tenotomy might have been dispensed with, and that extension alone, under chloroform, would have sufficed. These were tried in *two* cases, but the patient's sufferings were such that they were again put under chloroform and the tendons divided.

As an antispastic in hip joint inflammation the adductors were divided in every instance. Once the tensor vaginæ femoris, and once, I believe—but of this I am not certain--the gracilis. In these cases, as in those of the knee, relief was greatest where pain and spasm were most severe.

But in *all* relief was marked. In one case, that in which the division had been most extensive—very little pain was afterwards experienced in the course of the disease. After these operations, as well as after those of the knee, absolute rest was strictly enjoined.

In the knee, when tenotomy had been resorted to as a preliminary to *brisement force*, division of the biceps alone sufficed in five cases—in the remaining three all the hamstrings were divided. The tin splint and flannel bandages with soft tow cushions were then used.

In the hip joint cases the circumstances under which the operations were performed and the results were so various as to render it difficult to embrace under any general observations, the contents of the above table. In some cases I was disappointed at the paucity of the result where I had expected much; and in others I obtained by steady perseverance results I had scarcely hoped to realize. The unfavourable results were no doubt due —first, to bony anchylosis; or, second, to strong osteophytes extending from one part of the acetabulum to another, or from the acetabulum to the femur; or, third, to the length of time that had elapsed since the inflammatory disease had disappeared, permitting contraction of *all* the soft tissues around the joint, including, perhaps the capsule itself. Sufficient, however, may be gathered from these details to warrant a recommendation of the operation in certain cases. Nor do I think, should the deformity which results from the third stage of Morbus Coxæ be permitted to continue to exist, without those measures being attempted.

Before operating it is difficult to say what tendons require division before the operation shall have been completed. Beginning with the long adductor, and, as I hoped, to finish with the adductor, I have been compelled to divide several additional tendons, which seemed to start, as it were, into contraction, so soon as the former had been divided. The force necessary, even after division, was sometimes very great; indeed it was difficult and embarrassing to decide what degree of force could be safely borne without running the risk of adding to the mischief already existing. Sometimes all resistance would quickly vanish; at other times I almost feared for the integrity of the limb. When osteophytes were strong and numerous they would sometimes give way with a loud snap, or succession of snaps, leaving bystanders to conjecture whether something more important than osteophytes had not been broken. The average duration of after treatment was ten months—in hospital somewhat longer, and in private much over that length of time.

In some cases the weight and pully were alone used. In others, and by far the larger number of cases, Bauer's extension instrument—*not* as more recently modified by him, and in others that instrument by day, and weights and pulleys by night. The weight was proportioned to the apparent strength of patients and the resistance to be overcome. Four or five pounds to a child of that age—ten, fifteen or more pounds to stronger persons, but in no case was extension permitted to give uneasiness. Children, especially, bear a certain weight with apparent comfort. The addition of a pound, half-pound, or even a few ounces throws them into excitement. I have noticed the same to follow the subtraction of a small portion of an accustomed weight. Much depends on duly proportioning the weight to be borne. Too little is useless—too much is needlessly exhausting.

In every case chloroform has been given to the induction of complete anæsthesia, and required to be continued a couple of hours or more.

Admission of air has taken place occasionally; no bad consequences have resulted, except, in one or two instances, trifling suppuration, which delayed for a few days the subsequent treatment.

Although the operation has been performed, first, so as to prevent continuance of deformity in existing, and perhaps still active disease, or to relieve deformity left behind by disease, in no case has the patient's health seemed to suffer. On the contrary, in acute or sub-acute disease, relief has followed generally, and thin, emaciated, ill conditioned children have become plump and healthy looking.

Sometimes it has been thought advisable to give ferruginous medicines, and then the Syr. Ferri Iod. has been the favourite; in other, and by far the greater number of cases, no medicines whatever have been administered, and sometimes, too, the disease has gone on unrelieved to the fourth stage, with all its dire results.

Although, in many cases, the length of the affected limb has been nearly or entirely restored, there yet remained even in the more favourable cases—where tenotomy and forcible extension had been resorted to in long continued morbus coxæ in third stage—a certain degree of stiffness. Whether that condition ultimately disappears as patients grow older, I am not in a position to determine; nor can I say whether the affected limb will grow *pari passu* with the other. The case I exhibit to-night would seem to indicate that growth is not interfered with.

* * * *

FRACTURE OF SKULL—HERNIA CEREBRI—RECOVERY.

BY GEORGE A. TYE, M. D., THAMESVILLE.

On the 2nd Oct., 1870, I was called to see Ellen G., a little girl, æt seven years, who, two hours previous to my arrival, had been kicked by a horse. The blow was received on the frontal bone above and posterior to the left eye. She was semi-conscious and suffering from shock. The wound was long and irregular, cutting through the eyebrow and extending upwards and backwards for about three inches. The frontal bone was plainly visible in the wound, and upon first examination no fracture was felt. When, however, the finger was pushed well back beneath the loosened scalp, a large, irregular opening in the bone was discovered. The edges were serrated and sharp, and in the bottom of the opening fragments of bone were felt imbedded in the cerebral substance. When the child coughed portions of the brain escaped.

Dr. Smith, of Ridgetown, was called in consultation. As soon as reaction was established, chloroform was administered and the fracture freely exposed. The opening measured more than two inches in length and $\frac{3}{4}$ wide. Five fragments of bone were removed, some of them being buried completely in the cerebral mass. The edges of the wound were now brought into apposition and retained with sutures aided by adhesive straps, and cold water dressing applied. The child suffered greatly from the shock of the operation—for a time it seemed that she would never rally. However, in 48 hours reaction began, with high fever, pulse 150, with signs of compression and vomiting. The head was kept very cool, and the pulse controlled with drop doses of Tr. Veratrum Viride. Soon the wound began to discharge freely, and heal by granulation.

At the end of twelve days a bulging was observed, and and Hernia Cerebri suspected. Pressure was applied, but signs of compression compelled its removal. The tumor burst open the wound, rapidly increased, and the integument was uniting around its pedicle. I advised removal, and invited my friend Dr. T. Holmes of Chatham to aid me.

On Nov. 4 the child was placed under chloroform, the integument dissected back, the pedicle exposed and divided as deeply as possible with the knife; two vessels bled freely and were controlled by torsion. This time no sutures were used, but the flaps were retained by numerous strips of adhesive plaster passing around the greater part of the head, and a compress was applied. In two weeks the tumor reappeared in spite of straps and compress. It increased more rapidly than before, forming a globular mass two inches in diameter and overhanging the eye; it was covered with powdered Cupri Sulph, and a spontaneous cure hoped for, till it was very evident that hope was vain.

I sent for Dr. Holmes, and on the 30th of Nov. the tumor was removed with the *Ecraseur*, the wire being placed as low as possible. The division was complete, dividing neatly without any hemorrhage, and the parts shrinking back so that the surface from which the tumor was removed was concave—the scalp was dissected back all round for an inch, the edges freshened and brought well together, and retained by strong sutures of silver wire set far back. The parts were then dried and oiled, and a mould taken of that part of the head in plaster of Paris. In this mould a cast was made by C. P. Lennox, surgeon dentist, Chatham, who then vulcanized a sheet of gutta percha upon this mould, forming a shield for the forehead, and fitting most accurately, thus making equable pressure over the opening. This shield was smeared on the inside with carbolized oil, and applied, and did well, till change of the parts prevented its fitting properly. I now had recourse to a sheet of gutta percha $\frac{1}{8}$ of an inch thick. This was placed in hot water till perfectly soft and then moulded to the parts; when cold it was perfectly rigid, and fitted exactly. It was now covered with the oil and applied, being removed occasionally to cleanse the parts and see the condition of the wound. Whenever the least want of adaptation was observed, the gutta percha was remoulded, and thus constant equable pressure was maintained.

No signs of compression appeared, and in a few days the child recovered from the shock of the operation, and all promised well. The extreme pressure of the cerebral mass against the integument between it and the shield caused a portion of the skin to slough, making an opening the size of the end of the finger, and the brain substance was even with the surface of the skin. This spot was daily washed with Argent Nit, so as to destroy a portion of it; and this kept it below the level of the integument.

Granulations sprung from the margins and soon covered the open space. The large opening was now completely closed. The shield was retained for a few weeks, and the child now (August, 1871) enjoys perfect health both of body and mind.

HYDRATE OF CHLORAL IN DELIRIUM TREMENS.

BY AUG. C. KINNEY, M.D.
HOUSE SURGEON CHARITY HOSPITAL, N. Y.

Having served recently at the Work-house on Blackwell's Island, where a considerable number of cases of delirium tremens are constantly being sent for treatment, I improved the opportunity thus presented of testing the comparative values of hydrate of chloral, bromide of potassium, and sulphate of morphia in this disease.

To be sure of the doses given, I weighed the salts carefully and prepared the solutions myself. Of the hydrate of chloral the strength of the solution was 60 grains to the ounce of water. I made it well diluted purposely, as a strong solution is excessively irritating.

The cases to be treated were divisible into two distinct classes. The first class comprised those who, having been used to considerable alcoholic stimulus either habitually or at times, were attacked with delirium tremens from a few days to a week after admission, on account of the withdrawal from use of their accustomed stimulus.

The second class of cases was to be found amongst those sent here to be treated especially for their delirium tremens. They were inveterate drunkards, and had been attacked with this complaint during or immediately after a long debauch. It is this class of cases in which it is most difficult to produce sleep and appetite, and in which dangerous complications are most apt to arise.

Bromide of potassium was given at first to many cases of both classes. Under the use of 60 grains given every two hours, the patients of the first class would become quiet, go to sleep, take nourishment, and hallucinations would usually pass away within from 24 to 48 hours. Hydrate of chloral produced sleep much more quickly, for which a dose given every two hours of 30 grains was usually sufficient. My own impression, however, is that it dose not remove the nervousness as efficiently as the bromide.

In the second class of cases delay in producing sleep has even proved fatal. While trying to get the patient quiet and asleep under use of bromide or sulphate of morphine, he is attacked with pneumonia or uræmia and dies. With this second class of cases I have given as high as 120 grains of bromide every two hours for two days without producing sleep, and I believe it to be impossible to get them quiet by this means with a safe dose. Sulphate of morphia I have also given in very large doses by hypodermic injection, and though more efficient than the bromide it requires to be given in larger doses than are always safe.

Those of this second class of cases which I treated with hydrate of chloral, in sufficient doses to produce sleep at once, recovered in the shortest time. In obstinate cases a dose of 60 grains of hydrate of chloral was given, but other cases required 90 grains; in no case more. In less than two hours the patient usually went to sleep, and slept from four to five hours; and on awakening another dose of 60 grains was given with liquid food, milk or beef-tea. The patient would then go to sleep again, and on awakening the second time would probably be free from hallucinations and take food with a relish. During convalescence the bromide was frequently substituted for chloral, with good results. In many cases I gave the chloral after the ineffectual use of both bromide and morphine, with success; and in one instance succeeded with 90 grains of chloral in producing sleep, when I had given the bromide for 48 hours previously, in doses of 120 grains repeated every two hours. In no case have I observed any serious symptoms in consequence of the larger dose of chloral mentioned, but believe it should be given cautiously. Smaller doses often repeated do not have the effect of larger doses.

I believe that too much care cannot be taken in protecting the patient from irregularities of temperature. The sooner we get the patient to sleep and quiet the less liable he is to be attacked with complications. The blood and kidneys are already in such a condition, that the slightest causes will produce pneumonia, uræmia, or other troubles. We should be constantly looking for them and guarding against them. The pneumonia accompanying delirium tremens is the more dangerous since it is most likely to attack two or more lobes, and is apt to be often overlooked by the physician on account of no accompanying cough.

Out of 40 cases treated by various methods as above stated 5 died. Post-mortems were made of 4 out of 5 deaths. Of these four, three had pneumonia (one with pachymeningitis and pneumonia) and one had uræmia (acute congestion of the kidneys and albuminuria), &c. Pneumonia was diagnosed in the case in which no post-mortem examination was made, so that four out of the five cases which died had pneumonia; out of the three cases in which pneumonia was found in post-mortem examination, in two cases the pneumonia was found to have involved two or more lobes. In two cases also out of three, fibrinous clots of the heart were found.

[We most unhesitatingly bear our testimony to the use of chloral hydrate in delirium tremens, and can confidently recommend its use in such cases. The dose we are in the habit of administering is 30 grains in a wine glass of sweetened water every hour until sleep is induced.]—Ed.

REMITTENT FEVER BY DR. CHRISTOE,

FLESHERTON, ONT.

So many eminent authorities, with their searching enquiries, have placed the generally adopted theory of miasmatic poisoning beyond cavil. The object of this paper is not to change that decision, neither is it to attempt any new discovery, chemical or analytical. Whatever this subtle poison be, it still challenges investigation, notwithstanding the augmented facilities with microscopy conjoined, to unravel such knotty questions.

My intention is to notice the fever as found in this section of country. This Northern Peninsula, as the term implies, is surrounded, excepting its base, by the great waters of Huron and Manitou or Georgian Bay. The table land is situated about 2000 feet above their level, that is at its highest elevation, but slopes off very gradually and beautifully, especially on the north easterly side, to the Bay. The general features of many of the townships are swampy, so much so that it is said fully one-half of several are worthless; it seems to me certainly, that swamps predominate. The climate is very uncertain, alternating with excessive heat, cold, and frosts during every month of the year.

My first impression was, that ague was a prominent disease, from the fact of so many swamps, entailing, as they do, much decaying vegetable matter, but in this I was much mistaken, for I have never seen or heard of a pure case of Intermittent, except an imported one.

On my first *debut* here, I interrogated a brother medico, on the subject of fevers, and was very much surprised to hear him say there was no fever at all in the county of Grey. I soon found, however, that his tongue ran much faster than his wit, or else that his professional observations were extremely limited—for more than one case soon presented itself, and my diagnosis was Bilious Remittent, pure and simple, and my observations led me to the following conclusions:—

Firstly, That although Intermittents, may not be found on these high table lands, they are not exempt from malaria of sufficient power to cause distinct remissions, and without much effort to seal the type of fever as Bilious Remittent.

Secondly, That the general partial clearance of arable land surrounding the swamps, prevents the dissemination of the Malaria, in sufficient quantities to produce its more distinctive effects.

Thirdly, That this is proven by a comparison of former years, for in the same ratio as the improvements take place, so is the increase of remittents. I am aware in this I have found no new theory, for the teachings of my Alma Mater embraced similar principles. Tracts of aquatic districts, exposed to the rays of the sun, after subsidence of the water, are certain in their supply, and from observations in the British army, juts of lands or forests of trees intervening were sufficient barriers frequently to the spread of the poison. I am not surprised, therefore, that the present state of things exists here; but the time may come when every obstacle is removed and the full power of those active agents without barriers, may produce the malaria in its most concentrated form.

Fourthly, I think the poison may be produced by a more localized cause; every one knows that the malaria of Typhus Fever may be induced within the surroundings of individual habitations. So I think a fever of the type I am discussing may likewise be produced by circumstances very frequently overlooked. A family in my district was seized with Remittent Fever, one or two of them taking on the Typhoid form, their habitation was removed from any supposed cause for malaria, they lived high and dry, had lived in the same locality for a number of years, enjoying the best of health. A search was instituted for the cause, and I was fortunate enough to find a solution within the house. For an indefinite period sundry vegetable offal and dirty water had found their way through a disjointed floor. Whenever I entered the room, an offensive effluvia met me, and I am conscious that that muddy emporium was the active agent in this attack. Another family was equally removed from any appreciable cause, but was similarly attacked; as usual the cause was sought for; the family cleanly, and the surroundings equally so, it was more than usually wrapped in mystery. But in approaching the residence, I found my olfactories came in contact with some offensive smell; I called the attention of the father to it, who likewise discovered it, and who said it might be an animal the dogs had buried, but search satisfied our curiosity. In a rotten stump of a tree was found a peculiar kind of fungus, soft, gelatinous and tongue-shaped, and throwing out such an offensive odour as fairly to eclipse any reasonable object for comparison. Others were likewise found. Here was a solution of the mystery. The air tainted with such offensive material, the system being no doubt favorable to its inception, generated the fever in question.

Fifthly, The type of the fever is usually mild, a sporadic case occasionally takes on typhoid symptoms, but among perhaps two hundred cases, I have found them easily managed, and I think with moderate care, no patient need die of a Bilious Remittent in the county of Grey, excluding, of course, all other serious complications. I have never found it necessary for any heroic measures, such as bleeding, leeching, or emetics.

My usual mode of treatment, and in my hands quite successful, is to purge the bowels with pills comprised of the following: Podophyllin, Leptandrin, and Ext. Taraxicum. Two every six hours until the bowels are freely evacuated, ordering a pill to be taken every second or third night afterwards.

I also order a Quinine mixture, something like the following:

℞—Quinia Sulph.,	grs. xxxvi.
Acid Nit. dil.,	drs. ij.
Tinct. Aurantii,	
Syr. do., aa.	℥ j
Potass Chlor.,	dr. j.
Aqua ad.	℥ vi.—Ft. Mist.

Sig.—A tablespoonful every four hours.

This is given irrespective of the fever, providing the stomach will tolerate it. In addition I order tepid baths to alleviate the fever. Cold to the head if delirious, or even if very hot, and acid drinks of any available quality, preferring the muriatic.

When convalescence becomes established, one of the mineral acids such as the nitric, and tincture of Cinchona are all that is needed.

Sometimes, however, I find the following to answer every purpose to establish convalescence:

℞—Quinoidine,	gr. j.
Potass. Chlor.,	grs. v.
Podophyllin,	gr. ⅛.
Hyd. Cum. Creta,	grs. iij.
Soda Bicarb.,	grs. v.—Ft. Pulv.

Sig.—One every four or six hours.

In children, especially where vomiting exists, the stomach reluctantly tolerates bark or any preparation of it, and I seldom attempt it until that organ is quieted, and with that object in view, I generally prescribe the following: Hyd. Cum. Creta, Potass. Chlor. and Soda Bicarb.

This is generally tolerated after one or two trials. And then the following mixture usually acts like a charm:

℞—Tinct. Cinchon. Co.,	℥ ss.
Potass. Chlor.,	dr. j.
Aqua ad.,	℥ iij.—Ft. Mist.

Sig.—One teaspoonful every four hours. The little patient soon begins to revive, although no food has passed its lips for several days, and fever has returned with increased force every day. The temperature can always be successfully combated with tepid sponging. I allow, in all cases, water *ad libitum*.

I will take the liberty of mentioning what has always appeared to me to be an incongruity, and very puzzling to young practitioners. The Typhoid Fever of infants is usually classed with Intermittents, and termed *Infantile Remittent*. The question very naturally arises then, is there no fever in the child produced by the same kind of poison that marks its distinctive paludal remittent character in the adult? I certainly think there is, for very many children have precisely the same characteristic symptoms of the remittent as the adult, and upon a close examination, I have never been enabled to discover the rash of the Typhoid class. And, moreover, the remedies, in proportionate doses, produce like results in the child as in the adult.

Whatever the modifying influences of those poisons in Britain and the continent or in large cities may be, in this section of country, at least, the student and practitioner should not receive those terms as synonyms, for experience is against it. There is, therefore, an *Infantile Remittent Fever*, without the pathognomonic rash of the Typhoid class, and which fever yields to antiperiodic remedies, as in adult cases. It seems unreasonable to suppose that in a family ill with typhoid fever, the fever of the infant part of it is to receive another name, indicative of another and distant classification—dependent in its turn upon a poison whose distinct phenomenon is periodicity, and the force of whose action is upon a different set of organs—to that of Typhoid fever. A satisfactory explanation, however, on this point would be read with pleasure.

Like all other diseases, Remittent Fever occurring in different persons, requires in its management, discretion. He who adopts a certain unalterable routine in his treatment will find it more than his match to apply it in all cases, and although I believe Quinine to be the *sheet anchor*, yet the organs, like mutineers, have to be coaxed and if needs be coerced before toleration is had, and the discreet practitioner will not fail to accomplish it by the most rational means at his command, seizing every opportune moment for its introduction and I am sure success will generally crown his efforts.

August 10, 1871.

A CASE OF FOREIGN BODY IN THE ORBIT, WITH REMARKS BY R. A. REEVE, B.A., M.D.

LECTURER ON OPHTHALMIC AND AURAL SURGERY, TORONTO SCHOOL OF MEDICINE, ACTING SURGEON, TORONTO EYE AND EAR INFIRMARY.

History*. Mr. M. a vigorous young man, employed in a saw mill, applied for treatment, May 31st, 1869, with the following history. Five weeks previously (April 26) when at work, a piece of edging shot up like an arrow from the circular saw, a few feet distant, and cut his right eye. The blow did not render him unconscious or knock him down, but it disabled him. There was sawdust on the wound, which was in the upper eyelid, but no sign externally of the presence of a splinter in the socket. The patient experienced severe pain in the part, and applied cold water to it for several days. The lids did not become discolored, and were only moderately swollen. Five days after the accident he consulted a physician, who said there was no wood in the socket, and gave him a liniment. A fortnight after the injury he resumed his work, and in two days had to discontinue it; and the pain continuing severe and unabated, he consulted a second medical man, who removed some sawdust from the wound, said there was no more in the eye, and gave him eye-drops. The pain still persisting, he saw the doctor again, when he lanced the lining membrane of the eyelids, which was red and swollen, and ordered a blister to the temple. This partially relieved the pain, but he was unable to return to the mill for nearly a fortnight. On May .29, having worked only two days, he was forced to desist by a pain in the brow and an extreme headache, which on the day prior to his visiting the city became so intense as to render him faint. He said that the wound had been probed twice, and that it discharged but little at any time, though it did not heal up as readily as would an ordinary cut. His sight was impaired during the first fortnight, and when he looked to the right he saw double, and had a pricking pain in the eye.

An examination revealed partial ptosis of the right lid, which was rather prominent, and presented in its outer half, midway between the tarsal border and the brow, a horizontal linear cicatrix about half an inch in length, its centre being soft, raised, and of a pale flesh colour. The subjacent tissues were dense and hard to the touch, and pressure upon it caused a stabbing pain within. The eyeball had a normal appearance, but upon everting the upper lid a small circumscribed chemosis was noticed in the outer part of the upper cul-de sac. The vision of the eye was good; its freedom of motion outwards was curtailed, eversion gave rise to diplopia and occasioned a pricking sensation in the outer part of the eye. The patient still complained of pain radiating from the roof and outer part of the orbit.

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* This article is an abridgement of a paper read before the Medical Section of the Canadian Institute. Session 1870-71

A probe was without difficulty passed through the centre of the cicatrix to the depth of about half an inch, when it impinged on an apparently solid body from which by means of a slender pair of forceps, a fine splinter of wood was removed, thus proving the presence in the orbit of a piece of the stick with which the patient had been injured. The further use of the probe shewed that there were two fragments of wood, one pointing upwards and backwards and fixed in the roof of the orbit, the other, larger, passing backwards and outwards, its point entering the outer bony wall behind the lachrymal gland, the inner end being almost in contact with the eyeball.

Treatment, June 1st. A small incision was made in the cicatrix, and with some difficulty the first named piece was extracted. It was a little more than half an inch in length and of the calibre of a lucifer match. The larger piece was so firmly fixed as to resist all attempts at removal, that could be endured by the patient. Cold water dressings were applied to the lid, and the next day the pain at the roof of the orbit had subsided. Dr. Cassidy being kindly present the patient was anæsthetized, the wound enlarged, and the second piece of edging removed; only, however, after making powerful traction upon it, the patient's head being firmly held. This splinter was seven eighths of an inch long, three eighths by two eighths at one end, and pretty sharply pointed at the other where it pierced the orbital wall. Water dressing was applied. The next day the distressing subjective symptoms so long complained of had disappeared, the lid was quite œdematous but the wound was healing kindly. The patient contrary to advice returned home on the same day, and was not heard from for ten months. He had begun work the day after his return, and had not felt any subsequent inconvenience from his injury. The cut soon healed, and the normal mobility of the lid gradually returned.

Remarks. Injury of the orbit or the presence in it of a foreign body is always a source of interest, and often of great anxiety to the surgeon, for grave results sometimes follow apparently trifling injuries of this region, while many seemingly mortal wounds ultimately proving comparatively harmless. As immediate effects the eye may be destroyed for visual purposes by direct violence to the ball or to the optic nerve, or the roof of the orbit may be penetrated or fractured, and the cranial cavity directly implicated. Secondary results more or less serious or fatal may supervene, as, orbital cellulitis, abscess, necrosis of the orbital walls, meningitis, cerebral abscess, or tetanic convulsions.

The protracted and localized pain, and the suspicious character of the cicatrix, apart from the use of the probe, &c, would in any case, as in the instance just given, materially assist in forming a correct diagnosis.

The immunity of the eyeball from injury is remarkable, and only to be accounted for on the supposition that the stick pursued an oblique course, and that the larger fragment took its position relative to the globe when breaking, after its point had become fixed in the bone. The tolerance with which the orbital tissues sometimes suffer the intrusion of foreign bodies is here pretty fairly shewn, for the incision said to have been made in the chemotic conjunctiva two weeks after the accident, seems to have been intended to relieve secondary œdema, rather than to give exit to a pointing abscess. The splinters were rather sharply pointed, and therefore, injured but a small surface of the periosteum at the points of impaction. They were not very deeply placed, and do not appear to have perforated the orbital walls though they were firmly nailed in it. These facts seem to explain the rapid subsidence of the subjective symptoms after the removal of the source of irritation. The case here presented may appear hardly worthy of record, but in a very similar one of Mr. Hulke's, as regards the size, character, and relative situation of the foreign body, death occurred in eleven days. The almost constant pain in the part injured, the floor of the anterior cerebral lobe and the severe attendant hemicrania leave little room to doubt, that had the fragments remained much longer in the orbit, serious cranial mischief would 'ere long have been induced. The general rule of treatment in cases of this nature, is to remove the body through an incision in the conjunctival fold, dividing the external canthus, if necessary, to gain free access to the parts within; and, if possible, to avoid cutting through the lid lest disfigurement or ectropium, due to contraction during cicatrization, should result. The exceptional plan was adopted in this instance because there was already partial ptosis, and there had been a lesion of the lid with resulting scar.

An abstract of a few examples of this class of injuries may prove interesting in this connection. In the one already referred to, the patient, a woman aged 21, was admitted into the Middlesex Hospital under the charge of Mr. Hulke, having received a stroke from a clothe's prop eleven days previously. She was seized with tetanic convulsions on the same day and died at seven p. m. At the *post mortem* examination the dura mater, and the surface, interior, and base of the brain were found healthy. Between the outer wall of the orbit and the eyeball there was an abscess, which contained an irregular piece of wood about one inch long by one quarter wide, and several other smallller pieces. The periosteum of the outer wall, at the side of the abscess had sloughed, and the bone was in actual contact with the pus. Dr. R. Carter, of the Strand, London, reports a case in which Mr Clarke removed the entire shaft of a cast-iron hat-peg 3 and three-tenth's inches long and weighing 25 scruples, from the orbit of an old man, in which it had been buried at least ten days. The patient recovered without a single unfavorable symptom. The point of the hat-peg probably entered the antrum of the opposite side.

A remarkable case that occurred in the practice of Dr. Beaumont of this city, is reported by him in the "London Lancet" 1862, Vol. ii, page 142, Am. Rept. The patient was a man aged 45 years, in whose left orbit "a piece of rocket shaft 5½ inches long buried itself, taking a direction almost directly backward, nearly parallel with the mesial plane, and apparently immediately under the base of the skull." Dr. Beaumont succeeded in extracting the shaft the same evening. There was no symptom of cerebral lesion, and the patient did not even faint, although there was profuse hemorrhage lasting a few moments after the extraction of the foreign body. The patient was lost sight of for forty days when he was found "in good health, strong and perfectly well except the total loss of sight of the left eye and loss of sensation in part of the face. The motions of the eye and lid were perfect. Three years afterwards his memory was decidedly impaired.

The Dr. was persuaded that "the rocket shaft must have taken a course either immediately above or immediately below the base of the skull." Under either condition, he says "the patient's escape from death renders the case one of the most remarkable in the annals of surgery."

In contrast with the two preceding, numerous cases might be cited where seemingly trivial injuries of the orbit caused by sharp and slender bodies, as pipe-stems, straws, &c., have resulted seriously, and at times fatally. Meningitis, cerebral abscess, or tetanic convulsions being the ultimate cause of death.

PROLAPSUS UTERI.

BY C. W. PURDY, M. D. HASTINGS.

Procidentia Uteri is rather a rare occurence, particularly during the later months of gestation. Though well authenticated cases of it are on record one would be inclined to question the probability of gestation going on uninterruptedly to the full time. Dr. Gruhn, of Reppen, Eng., relates a very interesting one which presents many points of similarity to the following, which came under my care last week.

I was sent for on the 16th, to attend Mrs. P——, aet 30, who, her husband said he thought, was about to be confined. On my arrival, (at 6 p. m.,) I found that she had had quite hard and regular pains for four hours. The waters had been discharged 52 hours. On making an examination, I found to my astonishment, the uterus prolapsed completely, occupying a position between the thighs, and extending more than half-way to the knees. The os was dilated about the size of a fifty-cent piece, the occiput presenting. On handling the uterus, (which was not at all tender) I could plainly discover the head and chest of the child, external to the vulva.

On enquiring into the history of the case, I found that prolapse had begun about the third month, it being then, as she expressed it "about the size of her fist," since which time it had gradually increased till I saw her, when it was about the size of a five pint bottle. She had, of course, experienced much difficulty in voiding the contents of the bladder and rectum at times, also in walking, and she found it almost impossible to sit down, yet strange to say, she never applied for advice or mentioned it even to her most intimate friends. The abdominal enlargement was scarcely apparent, and she said it had been the same through the whole term. She was now at full term, to a day, if Dr. Bedfords' method of calculating gestation be reliable. I may remark that I have found it remarkably correct. The pains were unusually severe, not bearing down; but sharp and grinding. She pointed out the os uteri as their particular seat. I have met some few cases of rigidity of the os, but none so obstinate and rebellious as this one. *Old Matrix* seemed to have forgotten the requirements of nature in this instance altogether, perhaps from the novelty of the position. I fomented and oiled it for hours, and at length gave chloroform with no apparent result. I should have used belladonna locally, but had none with me, and as I was some distance in the country it was not easily obtained. In this instance, no doubt, many would be inclined to have recourse to incision. As she appeared exhausted somewhat from the severiety of the pains, I gave sufficient opium to break their force, and applied a large warm poultice of flax-seed over the neck and os uteri. This was 11 p. m. up to which time there was no hemorrhage. In about two hours I found the os was dilating sensibly, I continued the warm poultices, changing them every half hour till five in the morning. I then gave Fld. Ext. Ergot, m xx, as dilatation was nearly sufficient for expulsion. I repeated the ergot every twenty minutes, fearing hemorrhage on account of the opium I had given. The result justified my expectation. At 6 a. m., she was delivered of a dead, but well developed child. I should judge it had been dead about four or five days. There was no effort or bearing down at delivery, and as she had had two children before she thought this exceedingly strange. In delivering the placenta there was considerable hemorrhage which was arrested by the local application of cold.

I attended the same woman in her previous confinement twenty months ago. I was with her about five hours; she had an easy and in every respect natural labour. As it is only a week since the above case came under my care, I am unable to give you the after history. She is now doing well however, and it is my intention to attempt reduction of the prolapsed organ as early as advisable. If possible I shall keep it in its normal position, first by the T bandage, and afterards by the stem pessary.

CASE OF MENSTRUATION IN A WOMAN AGED SIXTY-FOUR YEARS.

BY THOS. R. DUPUIS, M.D.,F.R.C.P.S.K., ODESSA, ONT.

Aberrations of this kind occur occasionally; they differ from those cases of prolonged menstrual period, which are more frequent, and which most physicians meet with, and have on account of their rarity and peculiar nature a claim to a passing notice.

Even this summer I have attended a woman with menorrhagia, over 56 years of age, and from statistics we learn that perhaps one or two in a hundred may retain this function up to 50, 60, and even 70 years of age, the proportion growing less with the increase of years.

This lady however had ceased to menstruate between the ages of 45 and 50, and had no symptoms of any return of the catamenia, from that time till the period of the discharge here referred to, March 25th, 1871, she being then about 64 years of age. She is a ruddy fleshy woman, with a tendency to vascular fullness, and has always enjoyed good health, excepting a slight attack of hemiplegia of a few months duration, that occurred to her about three years ago.

At the time of which I am now writing she had been visiting a neighbour, who was about dying from pulmonary consumption, and who died while she was present, rather more suddenly than had been looked for. This occurrence startled her somewhat, and after going home, she was the same day taken with her "turns" as she expressed it, "as naturally as she had ever been in her life." She menstruated for three or four days, and the discharge ceased as naturally as it began. Her husband came to me in considerable alarm, and I, supposing it to be from fright, assured him there was no danger. Since then I have investigated the case more fully, and have found no trace of organic disease, no leucorrhœa, and no abnormal feelings or manifestations of the organs of generation. This uncommon phenomenon resulted, no doubt, from the sudden shock of her nervous system, coupled with her very full habit of body, and the weakness of the coats of the capillary vessels of the uterus; the same connection of circumstances which acting on the brain, had produced the hemiplegia from which she had previously suffered

I saw her on the 9th inst., and up to this time she had had no signs of any return of the catamenia.

August 21st, 1871.

CORRESPONDENCE.

(To the Editor of the Canada Lancet.)

SIR,

In your last number I read with interest an article on the treatment of Scarlatina by the use of warm water, either by sponging or immersion, and by the application of lard rubbed over the body. The writer has given a very clear reason why they should be used. I am only too happy to add my experience—especially of the warm bathing, which has always been favorable.

During this year I have seen a very few cases only of this disease, and most of these were slight. In every case I used the warm sponging, and if the patient could bear it, the warm bath. I did not use purgatives unless needed, and only the milder ones. I used Carbonate of Ammonia in conjunction with Spts. Eth, nit, the latter being diaphoretic and diuretic. I conceived that it would assist the action of the warm bath. Symptoms arising during the progress of the disease were treated accordingly.

In other cases of Fever besides this particular one, I have found the use of warm water very beneficial.

Last year I was seized with Bilious Fever, which nearly proved fatal. A week after the seizure, my medical attendant ordered me to be wrapped in blankets wrung out of warm water, and kept well covered for two hours. What was the result?—the skin which was hot, dry, and parched, by the end of that time became more moist and cool, my breathing was better, and all my nervousness and irritability were soothed and allayed to a great extent, and I sank into a quiet doze, which greatly benefitted me. Every night after that I was thoroughly sponged all over with water as hot as my attendant could bear to wring the sponge with. It was a comfort to me, having a tranquilizing effect.

Now we will look at its effects in another point of view.

First, as to health. What can be more beneficial to health than cleanliness of body? In Summer, after a long, dusty drive or ride, we come home, dusty, tired, and perspiring. How do we restore our tired frames?—by going to our rooms and bathing from head to foot; we are refreshed, and almost ready for another tramp. What would be the result of a person being enveloped with a thick coating of tar for a considerable length of time? It would most likely cause his death or bring on a disease from which he might not recover. Nature with the intent of giving us health through the pores of the skin in the shape of perspiration, the kidneys and bowels in urine and fœces takes away from the blood all those effete materials which might be the germ of some future disease. Thus by warm bathing are we not helping Nature by removing the clammy perspiration that is drying upon and blocking up to a certain extent the mouths of all these pores. I contend that we are. If warm bathing is so beneficial to health, how much more so must it be when our bodies are burning with a raging fever. Is it not a well known fact that as the skin of a patient gets hotter and dryer, the pulse gets higher, the tongue more thickly coated, the gums and teeth covered with sordes, low muttering delirium and often coma supervening; but as soon as the skin gets more moist and cool, then all the bad train of symptoms gradually disappear. Is not this state of affairs induced in a great measure by the partial arrest of perspiration, which prevents the throwing off by the pores of the skin the *materies morbi* of the disease, as in Typhoid Fever, which tends to lessen the chance of the patient's recovery, by remaining in the body. Looking at a patient in this state, what do our text books recommend us to do, and our common sense tell us to do? Use warm water sponging to assist flagging nature to set up a favorable reaction on the pores of the skin, which in many cases is successfully done. It is an established fact in India, that persons are more liable to sunstroke when perspiration is checked, than those who are perspiring freely. Dr. Simpson of her Majesty's Seventy-First Regiment observes " every man seized with sunstroke and who could answer questions informed me that he had not perspired for a greater or less extent of time, sometimes not for days previous to being attacked, and that he enjoyed good health as long as he perspired, but that on the perspiration being checked he felt dull and listless, and unable to take much exertion without making a great effort." How many times medical men have been sent for in a hurry to visit a child in fits, and, arrived at the place, to find it in a pale, cold, insensible condition. What follows?—the child is put into a bath of warm water, taken out again, wiped dry and rolled in blankets, whilst the doctor is preparing some prescription. How often has this been followed by beneficial results, returning warmth to the skin, color to the face and lips, and a gentle perspiration, breathing becomes more natural, and the child gets into a more tranquil state. In fact, this remedy is so well known and appreciated in this section of country, that it is frequently used before the medical man arrives at the house In all the cases in which I have used it, no bad result has followed.

If in the cases above mentioned, the warm bath and sponging are so beneficial and so well known, then they ought surely to take a prominent position amongst the remedies used in the treatment of Scarlatina.

Hoping I have not trespassed too much on your time and space,

I remain, yours, etc.,
Henry M. Jones, M. D.

Marmora, Aug. 8th, 1871.

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(To the Editor of the Canada Lancet.)

Sir,

Whoever has read the present law specifying the physician's duty in the matter of registration of deaths, must be struck with one remarkable discrepancy; regarding which, you would confer a favor on some of your readers, by throwing a little light on the matter. Sec. 6 of the amendments to "An Act to provide for the Registration of Births, Marriages and Deaths," reads as follows: "Every duly qualified medical practitioner, who shall have been in attendance during the last illness, and until the death of any person, shall within thirty days after the death of such person, transmit to the Division Registrar of *the division in which such practitioner resides*, a certificate under his signature of the cause of death, according to a form to be provided by the said Division Registrar, who shall be furnished with such forms; and it shall be the duty of every such medical practitioner to apply to the said Division Registrar for blank forms for that purpose, and upon the receipt of said certificate, from the said medical practitioner, by the Division Registrar, he shall make the entry as to the cause of death of such person according to the fact stated in the said certificate."

In the above the whole duty of the practitioner is defined, namely: To report every death occuring in his practice, (no matter where such death may have occurred) to the "registrar of the division in which said practitioner resides." But Sec. 11 of the above cited act, requires that every death shall be registered in the division in which such death took place, without any reference to the division in which the attending practitioner resides.

Now, it is possible that a physician may practice, and have deaths occur in his practice, in several divisions in which he *does not* reside. How then about the practitioner's report in such cases—is double registration required? The letter of the law says it is, but surely such is not the meaning.

There is another particular in which the act is too indefinite. A practitioner who attends a person in his last illness, is required, within thirty days of death, to report the cause of death; but there is no provision made for the practitioner himself being informed of such death. A physician, I presume, is not supposed to sit by the bedside of his moribund patient, waiting for the last gasp, neither is he supposed to call afterwards to ascertain whether death has occurred, and at what particular moment. How then is he to obtain the information required of him, in due time? I shall illustrate this by a case in my own practice, some six weeks ago. I was summoned to attend a little patient suffering from a severe attack of croup. I administered the usual remedies and remained in the house till the patient had so far recovered as to fall into a quiet sleep, breathing steadily and gently. I then left, giving instructions that I should be immediately called in case of a relapse, and leaving medicines to be used in the mean time. I heard no more of the case till a few days ago. I casually learnt that the patient was again attacked the following night, and sank while preparations were being made to send for me. Here, then, have I been for a fortnight unconsciously liable to prosecution; and who is to blame.

Were a George Albert Mason to make his appearance among us, we might have these two problems solved any moment.

I am, Sir,
Your obt. Servant,
Wm. Morton, M.B.

Wellesley, Ont. July 25th, 1871.

T(o the Editor of the Canada Lancet.)

SIR,

Will you give me space in your journal, which, I am glad to know, is becoming pretty widely circulated and is doing a great deal of good, to say something about quackery?

I think it is the duty of every medical man to speak out and contribute his mite towards the suppression of this great and crying evil. I am exceedingly glad to notice in your last issue of the LANCET that some of the members of the Medical Council are beginning to agitate this matter. This is what it needs, and I firmly believe, if the Medical Council and the profession at large only go to work in good earnest, that ere long we shall get a legislative enactment which will enable us to drive all the Quacks out of the country, or force them to pull down their "shingles." This is what we want; this is what we must have. I am not an advocate of "free trade" in medicine. I say let us, one and all, get to work. Medical men are numerous, and if they are only energetic and united, they can bring a mighty influence to bear on the legislature of our Province. We want a penal clause annexed to the Act relating to Quackery, as at present it is of no practical benefit whatever in a great many cases. Let us fight for it, and we will get it in time. I hope, Mr. Editor, you will not fail to do your part in setting the machinery in motion.

Now, sir, I need not expatiate on this system of Quackery, which is so prevalent among us. There is scarcely a town or village that does not contain its quack doctor, and as a general rule they are as impudent as the "old Serpent" himself. Who ever saw one of them that had not a tongue as long as the "Moral Law"? They are a perfect bore to all around them who are able to see them as they are. They corrupt and pervert the minds of the public by their incessant preaching, and in many localities do a great deal of harm to a regular practitioner, no matter what his merits are; for the people, many of them, are not competent to distinguish between merit and demerit in our profession.

Any one who has been in the practice of medicine even for a short time knows very well that a great many men in good good standing, and wealthy, too, are influenced in a very great degree in the choice ot their doctor by the fee they expect to pay him. Now, sir, I don't wish to be personal, but I cannot refrain from giving expression to what has taken place while I have been writing these few lines. It corroborates fully what I have just said.

One of the richest farmers in this section of country, and I may add with propriety one of the most intelligent in many respects, just drove into town and retained the services of an old Quack who has no more brains than a hare. There is another doctor in the place besides myself, and a gentleman of good standing professionally and socially. He is at home too.

Now, Mr. Editor, I feel certain, from my knowledge of the parties, that there was no earthly reason in this case for leaving two regular practitioners at home and taking an ignorant Quack, except the consideration of the fee. I am sure most know that this is often the case, even with very respectable parties.

It is not right or just for the medical profession to be degraded by a class of men whose only merit in most instances lies in their being able to tell a fine story, and deceive the people, and who have neither professional or general education.

Let us be true to ourselves, and we will soon wipe out this class of impostors, and in so doing confer a lasting boon on society. It is not only our privilege, but our duty, to take action in this matter.

Yours truly,
M. D.

Bath, July 31, 1870.

(To the Edtior of the Canada Lancet.)

DEAR SIR,

I had intended to reply to an editorial on the Contemplated Dominion Medical Bill which appeared in your columns some time since, but have hitherto been hindered by want of time.

In the first place I would venture te remark that that Bill is not unalterable. There are some portions of it to which I, as an individual strongly object: but if Ontario has not received in it the consideration to which she is entitled, it is the fault of her own men. Dr. Howard, the chairman of the committee for drafting the Bill, had written for suggestions to the other members, and had received only one reply from Ontario.

We are mainly interested in considering the *general principle and groundwork* of the Bill, which does not, as averred by some, yield any ground we already hold, but only differs from the present act in not absolutely and of necessity providing for the perpetuation of sects in the Council: medical men voting, simply as such, for members of the Council without distinctions being made.

The spirit of the Quebec men at the meeting of the Association was most conciliatory. I can appeal to those who now oppose the Bill and who were present at that meeting. The fact of this Bill being circulated shows a desire for fair play.

The amendments not being embodied in the Bill (of which fact much capital is made), arises merely from the fact that the whole proceedings have been copied from the minutes of the meeting of the Association, and that it was not thought necessary to go to the trouble and expense of a distinct compilation.

I wrote regarding the unequal nature of the representation to a medical man in Montreal, and the reply was most satisfactory. The question before the profession is whether we wish an Act which will embrace the profession throughout the Dominion. If so, let Ontario be properly represented at the next meeting of the Association; let Ontario men enter into the question heartily and in good faith, and they can obtain a Bill which will give satisfaction to all parties.

Yours sincerely,

W. OLDRIGHT.

(To the Editor of the Lancet.)

SIR,

I am induced to record the following case, should you deem it worthy of publication. I have regarded it of some interest, from its speedy course, and threatened fatal termination by suffocation.

Mr. B——, age 60, on the 10th inst., 4 p.m., called at my office and complained of a "sore throat," informing me that he had first noticed it on rising that morning, and increasing rapidly in severity during the day. He complained of *intense pain.* On examination I found much inflammation and the tongue so much swollen that it was protruded with great difficulty. His articulation was scarcely audible; his general health good (save the effects consequent on many years hard labor.) I immediately administered an emetic of sulphate of zinc from which he obtained instant relief, and at 6 p.m. went his way, since which time there has been no return of the aggravation, nor was any subsequent treatment required.

Yours, &c.,

A. S. C. M. B.

Curran, Ont., 18th Aug., 1871.

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of every Month.

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.*

TORONTO, SEPT. 1, 1871.

WHAT IS OUR DUTY?

Before our next issue, the above question will have been asked by many of our readers, and upon the answer will depend the welfare of the profession for many years to come. Before another issue the Canada Medical Association will have met, and the members will have to decide whether they will give up a certainty for an uncertainty,—whether they will sacrifice a Bill which is accomplishing so much good, for one of altogether doubtful efficiency. We have no hesitation in asserting that the Ontario Medical Bill is doing a far more valuable work for the profession than the Dominion Bill is likely to accomplish, while the latter is no more free than the former, from those features to which exception has been taken. The Ontario Medical Bill takes in the different medical sects because they were incorporated by law before its passage, but it keeps up the distinction between them, and it has brought them so completely under subjection that not one single candidate has accepted the (supposed shorter) examination of homœopathy or eclecticism, or registered under their banners, while the whole number entering the "regular" profession has been very materially reduced.

The proposed Dominion Bill likewise takes in all the sects, but amalgamates them at once with the general profession. It admits to registration *all licensed practitioners* in Ontario and Quebec, and many who are not licensed at all, in the Eastern provinces, and as homœopaths are licensed in Quebec as well as in

Ontario, (a fact not known to many of our readers), they necessarily all come in together, and those who oppose the Ontario Bill on that score would be just as badly off as now. But we are happy to say that a vast change has taken place in the minds of the profession in Ontario with reference to our Bill. We know that many who were once bitterly opposed to the Ontario Bill, are now quite satisfied that it is doing a good work, and are quite willing to let it work on a little longer with all its defects, rather than run the risk of being thrown back into the chaos of former times, or being subject to the glaring injustice of the proposed Dominion Bill.

We know that the proposed Bill will never work as satisfactorily as the Ontario Bill is doing. There will always be jealousies between the different sections, no matter how upright the examiners may be, as the provinces are too far separated for the attendance of all candidates before a single Board, and the transmission of papers from one section to another will give rise to endless suspicions and accusations.

Upon the whole we are convinced, after the most careful examination of the matter in all its bearings, that a single examining Board for each Province, exercising sole jurisdiction over all persons desiring to practice within its limits, just as the Ontario Council does now, is the only plan likely to conduce to the elevation of the profession as a whole, or promote that harmony, good feeling, and mutual respect which we hope will always exist between the members of the profession throughout the Dominion.

Or to put the matter more plainly;—let each Province establish a *single Board* before which all candidates must be examined for license to practice in that Province, no matter whence they come, such license to confer no authority to practice in any other Province of the Dominion. In this way each Province will have absolute control of the standing or qualifications of the men admitted to its profession, and students would be allowed to obtain their education in that Province in which fancy or interest might prompt them.

HOSPITAL APPOINTMENT.

The death of Dr. Hampton has created a vacancy in the Toronto General Hospital, and we are informed that already there have been several applications for the position he lately occupied—that of Resident Physician. The present juncture presents a favourable opportunity for a change in this respect and we hope the Trustees will not fail to inaugurate a plan which is in successful operation in nearly all the European and American Hospitals. We refer to the appointment by competitive examination from among the most deserving recently graduated students in attendance at the various Medical Schools of the city. We would suggest the yearly appointment of a Resident Physician, and a Resident Surgeon. This plan would effect a considerable saving of the Hospital funds, as many students would be glad of such a position for a year after graduation, and would be content with board and lodging and a small salary of say $50 or $100 per annum for incidental expenses. The practical hardworking, faithful, industrious student, would prize far more highly an appointment of this kind, than any medal or token of reward which can never be of any practical use to him in after life.

A plan which has been found to work so well in other Hospitals, cannot fail to be of advantage here, and we feel assured that its adoption would not only give general satisfaction to all concerned, but also encourage and stimulate our young students to more faithful attendance on Hospital clinics and more careful attention to Hospital work, in order to qualify them more thoroughly for the duties that await them. There will be no lack of competitors among recent graduates, and many of these will be found quite as well qualified to discharge the duties as some of those now applying for the office, for the sake of the salary and the immunity from hard work and responsibility the position affords. The present Hospital staff would form a perfectly competent board of examiners for that purpose, the competitors being examined after the same manner as the examinations are conducted at the college of Physicians and Surgeons of Ontario which would remove any semblance of unfairness or partiality towards the students of any particular school. Some improvements are required both in reference to the remissness in the attendance of students, and the irregularity of the visits of certain members of the staff, and we hope the trustees will commence with this suggestion and follow it up by some other improvements of equal importance to the profession and the public.

HARVARD MEDICAL COLLEGE.

We have received a copy of the 88th annual announcement of the Harvard Medical College, from which it appears that the plan of study therein pursued has been entirely changed. It is now made to extend over a period of three years and has been so arranged as to carry the student gradually and systematically from one subject to another, until he has mastered the whole course. The students are to be divided into three classes, and examinations will be held at the end of each year in the respective subjects.

The course of study and examination is as follows:

For the first year—Anatomy, Physiology and General Chemistry.

For the second year—Medical Chemistry, Materia Medica, Pathological Anatomy, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

For the third year—Pathological Anatomy, Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery:

Instruction in the above subjects is given by lectures, recitations and practical exercises, throughout each year. Students who have commenced their professional studies elsewhere may be admitted to the school and proceed to the degree without joining the regular classes, taking up such subjects as they may require and passing the examinations at the beginning, middle and end of each year. This plan will go into operation on the 28th of September, 1871, but does not effect students who have already commenced their studies in the school, unless by their own choice.

We are glad to see this popular school alive to the interests of the profession and we hail with pleasure this step in advance and hope that many other schools in the United States may adopt the same course. It is high time that some effort should be made to raise the standard of medical education throughout the Union and we rejoice to see "old Harvard" taking the lead.

CYANO—PANCREATINE.

We beg leave to call the attention of the profession to this new remedy, a sample of which we have received through the kindness of the proprietors. It is a preparation composed of animal fats, pancreatic juice, alcohol and water, chemically united in proper proportions, and has been found very efficacious in the treatment of indigestion in all its various forms, chronic bronchitis, catarrh, consumption, or debility from whatever cause. It has the sanction of some of the most eminent physicians in Canada, and we have no doubt it will be found very serviceable in the treatment of those diseases for which it has been so highly recommended. We therefore take pleasure in noticing it in the columns of the "*Lancet.*"

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COLLEGE OF PHYSICIANS AND SURGEONS, ONT.

The next matriculation examination will be held in Toronto and Kingston, on the first Tuesday and Wednesday of October next.

Candidates are requested to give notice 6 days before the examination, to the examiner, before whom they intend to present themselves,—stating the optional subject in which they wish to be examined.

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CUNDURANGO.

In the last number of the *Lancet* we referred to this new remedy and mentioned some cases reported by Dr. Bliss as having improved under its use. It appears from later accounts that some of those patients thus experimented on have since died, and others, although slightly benefitted at first, and seeming more cheerful at the prospect of relief, were not improved in the least degree.

Dr. Smith of Washington, in the *National Medical Journal* gives the result of one of Dr. Bliss's cases, a Mrs. H., who had been formerly under his own care. This was an ulcerated cancer of the cervix uteri, from which an offensive and somewhat sanguineous discharge proceeded. There was constant pain in the lumbar region, very much aggravated by the movements of the bowels. The patient was able to move about, but was never free from pain except when under the influence of opium. The correctness of the *diagnosis* was verified by two other medical men. The *prognosis* was of course unfavorable, and the treatment merely palliative. Dr. Bliss was called in and prescribed decoction of cundurango bark. The remedy was administered for more than two weeks, and while the patient was taking it she seemed better, and felt cheerful at the prospect of being cured; but when informed that the supply was exhausted her courage failed, and she rapidly sank and died.

Dr. Garnett of Washington in the *Richmond and Louisville Medical Journal* for August calls attention to the fact that the virtues claimed for cundurango, if it have any, can only be due to the insoluble *resin* which makes about 2-7 parts in 80 of the vegetable matter, according to the analysis of Dr. Antisell; whereas it is the decoction or infusion of the bark that is administered in the treatment of cancer. In view of these facts, together with others equally impressive, we are irresistibly forced to the conclusion that the value of this remedy in the treatment of cancer has been very much over-estimated. As yet we have not heard of one well authenticated case which has been cured by its use.

We sent for some of the bark, but have not yet received any reply. As soon as it can be had, we will seize the first favorable opportunity of testing its value in this dreadful disease.

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CANADA MEDICAL ASSOCIATION.

We beg to remind our readers that the meeting of the Canada Medical Association takes place, in Quebec, on the 13th instant. Return Tickets at reduced rates may be had by applying to Dr. Henry, of Ottawa, Secretary for Ontario, or H. H. Wright, M.D., Toronto; Dr. Blanchet, of Quebec, for Quebec; Dr. Steeves, of St. Johns, for New Brunswick; Dr. Reid, of Halifax, for Nova Scotia; or Dr. David, of Montreal, General Secretary for the Dominion.—(See Advt.)

DR. MARTIN, OF PORT PERRY.

In the last issue of the LANCET we published an extract, clipped from the *Oshawa Vindicator*, in reference to the above gentleman. Since then we have been assured by several of the Doctor's friends that the publication of these *editorial notices in a group*, in the Oshawa paper, was without his knowledge or consent. While making this statement we feel, however, that it would have been more satisfactory if the Editor of the *Oshawa Vindicator* had come forward and explained the way in which these articles found their way into his paper.

APPOINTMENT.

Dr. Edward L. Atkinson, of the village of Gananoque, has been appointed an Associate Coroner for the united counties of Leeds and Greenville.

Selected Articles.

EXCISION OF HIP-JOINT.

UNDR THE CARE OF PROFESSOR WOOD, F.R.S., KING'S COLLEGE HOSPITAL.

The case of hip disease was in a young man, by calling a groom. Some time ago he met with an accident and fell on his hip, and subsequently suffered from extreme debility, the result of long-continued discharge from two large sinuses, one leading directly to the joint, the other opening at a position corresponding with the tuberosity of the ischium. Mr. Wood, in the first instance, made a longitudinal incision over the joint, and subsequently, in order to obtain more room, converted it into a crucial one. He then carefully dissected round the joint, and divided the several ligaments. His next step was to remove the head and neck of the femur, first, by sawing through the neck with a convenient saw, having a raised handle, known pretty generally by King's men as "Wood's saw;" secondly, by applying the "lion forceps." Great difficulty was experienced at this stage of the operation, a portion of the head of the bone being anchylosed to the upper margin of the acetabulum; by means of the gouge and elevator the difficulty was overcome, and the head was enucleated. The next step was to remove all diseased portions by means of a gouge, curved forceps, and sequestrum forceps, as well as cutting away suspicious-looking structures. The second stage of the operation was now commenced, viz., laying freely open the sinus over the tuberosity of the ischium, with a view to ascertain if a communication existed between this sinus and the one that led directly to the joint; none, however, was found. The third stage was to divide the tendons of the ham-strings and biceps muscles, owing to the contraction of the knee-joint. The wounds were then carefully sponged and dressed with carbolic acid and oil, the edges brought together by sutures, and a light bandage applied. The patient was then removed to bed, and afterwards an extension split was applied.

Mr. Wood remarked that here was an instance of caries of the bone, which if no operative procedure were initiated, nothing remained for the poor fellow but a lingering death, by reason of the continued discharge from the sinuses, if not death from pyæmia itself. It was always a difficult matter to state precisely, prior to operating, the exact condition that the parts would be found in, in a diseased joint, and what complications the operation itself might present.

As regarded the condition of the joint in this case, there had been adhesion of the head of the femur to the upper rim of the acetabulum. Nature, in fact, endeavored to repair the injury, and this firm adhesion it was that had rendered the removal of the head so difficult. Again, the carious condition affecting a good deal of the bone, some time was necessarily occupied in removing all the diseased parts, which here included a portion of the shaft, as well as the great trochanter. When the second sinus had been laid open the tuberosity of the ischium was found diseased, and portions had to be removed, which of necessity lengthened the operation; while, finally, there was the necessity of dividing the tendons of the hamstrings and biceps subcutaneously for the contraction of the knee-joint.

Professor Wood, in commenting on the case, said:—Excision of the hip-joint, as a rule, did not present the complications and difficulties that this case did; indeed, in children, the head was usually found dislocated, and many of these cases were quite simple in character. Another point worth noticing in operations of this kind generally, and especially in the case under consideration, was the slight loss of blood.

Mr. Wood also drew attention to the condition of the man, which had much improved since he had taken the sulpho-carbolate of iron, and as he believed him to be pretty well "carbolised," he hoped pyæmia would be averted.

The man has continued to do pretty well since the operation, and his general health has improved. The sinus leading to the tuberosity of the ischium still remains open, due to some carious bone still remaining.—*Medical Press and Circular*.

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GAUZE BANDAGES FOR STUMPS.

"In dressing stumps, compound fractures, and burrowing abscesses," says Dr. Washburn, "I often found it difficult (as, I presume, has every surgeon) to prevent, by the ordinary bandage and compress, accumulations of pus, without at the same time running the risk of closing the orifices; or, when attempting to avoid this, I would generally have the wound and a certain portion of the adjacent flesh bulging disagreeably through the openings left in the dressing to allow of drainage. To avoid this I was induced to make use of bandages of *mosquito-netting*, which I found I could apply directly over a wound without interfering with its discharge. I prepare the bandage by cutting new mosquito-netting into long strips of from three to four inches in width, and rolling it upon small strips of wood, so that it can be handled as an ordinary roller bandage. It seemed to me upon trial, that the mosquito-net bandage accomplished much more rapidly the closing of stumps, etc., than the methods I had previously employed, and was, besides, neat in appearance. As the majority of stumps heal by granulation, they may be nicely compressed and supported by bandages of this material. Where the material is not strong enough, it may be used double, or the roller passed twice over the same place. After the bandage has been applied, a cloth dipped in water or spread with cerate may be laid over the openings, to exclude the air and prevent the pus drying, and so closing the wounds. I have no doubt but that a better material than mosquito-netting could be found or manufactured for the purpose; but, in the absence of a better, it answers exceedingly well." (*New York Medical Gazette,* vol. vii, No. 4.)—Professor Roser of Marburgh says, in the *Archiv fur Klinische Chirurgie,* vol. xii, p. 716, that for several years he has been in the habit of using gauze bandages in cases of amputation, and has found them very convenient. The bandage is dipped in water, or, still better, in a watery or oily solution of phenylate of soda, and is applied to the stump in such way as may be thought fit. It is well not to be sparing of the quantity used, as a protective covering is afforded by it. A hole or thin place may be left at the lower part. Dr. Roser says that this kind of bandage is likely to be useful when the patient requires removal; he has found the short transport from the operating-theatre to the ward rendered easier by it. The gauze bandage can easily be split up or penetrated by scissors; it is easily moistened by a solution of phenylic acid; it allows the secretions from the wound to escape. In 1868 he had to perform amputation of both upper arms in a man who had been injured by a threshing machine. The patient was able to sit up at the end of the second week, the bandage affording a light and at the same time firm support. He has also used it successfully in cases of high amputation of the thigh, of Pirogoff's amputation of the foot, etc. The parts were brought together partly by sutures, partly by means of the bandage.—*British Med. Journal.*

A NEW PHYSICAL LAW.

For the purpose of verifying and measuring the force evolved in the dilatation of water in freezing, which has been known to be sufficient to burst cannons, M. Bousingault has discovered an important fact by means of a very simple experiment. He filled, very exactly, a steel cannon with water at a low temperature, and having introduced into it a steel needle, closed it hermetically. When this apparatus was placed in a temperature of 23° below zero it was ascertained, by the sound of the needle falling through it when it was turned upside down, that it was not frozen, but the moment it was opened the water solidified immediately. It is proved by this experiment that water placed in such condition that it cannot dilate, is incapable of being frozen.—*Medical Press and Circular.*

A NEW BULLET EXTRACTOR.

The shooting of Head-constable Talbot, and the difficulty experienced in finding the fragments of the bullet, have suggested the construction of a new instrument, or rather a modification of the electric probe, by which Dr. Evory Kennedy, of Dublin, hopes to make the detection and removal of the ball a matter of certainty.

The electric probe, as our readers know, is formed of two wires, insulated from each other, and to each of which the opposite poles of a battery are attached. As long as the points of these wires are separated from each other the battery is quiescent, but the moment the ends touch the ball, and thus make metallic connexion, the battery rings a bell. Thus far the instrument is only applicable to the diagnosis of the bullet, but Dr. Kennedy hopes to make it efficient for extracting it also. The wires of the probe are made of platinum, which, the instant the ball is touched, fuse by the heat evolved by the electricity into a solder with the lead, and becoming thus adherent, the ball may be removed without any second proceeding. The oxide of lead on the outside of the ball forms an obstacle to the passage of the electricity, but this difficulty is removed by the tipping of the points of the wires with nitrate of ammonia, which immediately dissolves the film of oxide, and produces a clean surface, suitable for the cofusion of the metals. Dr. Kennedy is engaged in experiments with Mr. Yates for the perfection of the instrument. We shall publish a full and descriptive illustration of the instrument when these experiments have concluded.—*Medical Press and Circular.*

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Mustard to make Leeches Take.—"Having had occasion to order a mustard poultice for a patient, it became requisite to put some leeches on the same place. I was told that they fastened instantly, filled rapidly, and that the blood streamed afterwards into bread poultices as if it would never stop. I took the hint; and now, whenever I order leeches, I always have a mustard poultice applied first, then the leeches (two or three instead of half a dozen), and then bread poultices. There is less trouble for those who have to apply the leeches, far less annoyance, weariness, and exhaustion for the patient, and a much more satisfactory result. The flow of blood is, however, so much greater than would be thought likely or possible that I think it right to add a few words of caution. A few days ago, one of my patients, a young lady grown up, and of average strength, bled to fainting from only two leeches applied in this way.—*R. L., London Lancet.*

REMOVAL OF A BOUGIE FROM THE BLADDER OF A PREGNANT WOMAN.

BY PROF. ERICHSEN UNIVERSITY COLLEGE HOSPITAL LONDON.

M. M., aged 21, was admitted December, 1870, having been sent up by Mr. Swindell, of Whetstone. The patient had been engaged as a housemaid up to one month before admission. She was in perfect health till about one month previously, when she commenced to have pain on passing urine, lasting a short time afterwards. The pain during micturition was of a pricking character, and after it she felt as if there were something more to come away. Lately the urine had contained blood and matter. She passed it with considerable straining, and the pain remained the same. The pain was increased by movement. During the week before admission, she suffered from incontinence of urine, which escaped involuntary every few minutes. She had occasionally passed fragments of grit. She said that she was quite regular in her periods up to two months before admission, since when she had seen nothing; but she was extremely reticent, and did not answer questions readily.

On admission the girl was a fat anæmic girl. She was suffering from constant incontinence of urine, and the thighs and nates were slightly excoriated in consequence. Some of the urine which was collected was found to be alkaline, free from all albumen, and depositing a considerable amount of pus and triple phosphates. There was scarcely any blood. On December 20th, she passed a small gritty fragment, which was found to be composed entirely of phosphates. Mr. Erichsen sounded her, under chloroform, and found a calculus. It gave a distinct click when struck with the sound. It seemed to be of considerable size, was evidently phosphatic, and could be felt with the finger through the anterior vaginal wall.

On December 21st, the patient being tied up in the lithotomy-position, M. Erichsen passed a full-sized male median lithotomy-staff, and opened the urethra at the vaginal aspect, dividing the under surface for about one inch. A pair of small lithotomy-forceps were then passed into the bladder, and the foreign body was removed. On examination, it was found to be a No. 4 male gum-elastic bougie, coiled up, and coated with phosphates to the thickness of about one-sixteenth of an inch. The ivory head was not covered with any deposit, and had doubtless been the cause of the distinct click heard on sounding. The wound in the urethra was brought together with silver sutures, and a catheter tied in. The patient was then removed to bed, and an India rubber tube attached to the catheter to carry off the urine.

The patient went on well till December 25th, when some hæmorrhage occurred from the vagina, which ceased after a slight loss of blood. This was repeated on the 26th and 27th, until the patient was much weakened by loss of blood. It was then found, on further examination, that she was in the fourth month of pregnancy, and that abortion was threatening. She was transferred to the care of Dr. Grailey Hewitt, under whose treatment the progress of miscarriage was stayed; and she gradually recovered, leaving the hospital in about a month after the operation.

Mr. Erichsen stated that this case was extremely interesting in a medico-legal as well as in a surgical point of view. Here was an unmarried girl pregnant, with impending abortion, in whose bladder a male gum-elastic bougie was found. There could be no doubt in the minds of any conversant with the practices that were unfortunately notoriously rife in this country—though less so than in some others—that the bougie had been employed for the purpose of procuring abortion; that it had been used by an unskilled hand; that the urethral orifice had been mistaken for the os uteri; and that the instrument, having slipped in, had occasioned the symptoms of calculus for which she had been admitted. His suspicions as to the alleged calculus being, or having for a nucleus, a foreign body, had been aroused by the reticence of the girl; but he had thought, as is very common in such cases, that the foreign body, whatever it might be, had been introduced to gratify sensual feelings, rather than with a postively criminal intent. Stone in the bladder was so rare in young women, that, when a calculous mass was found, it was almost invariably found around some extraneous body, such as a hair-pin, a piece of pencil, etc., that had been accidentally slipped into the urethra. In this case, the mode of introduction was different; and there could be no doubt, from the nature of the foreign body and from the coexistence of pregnancy, as to the motives that had suggested its use. It had probably been in the bladder about two months, judging by the quantity of phosphates by which it was encrusted. The bougie, as usually happens, was coiled up into one mass; and the ivory handle, being free and uncoated, gave a clear and distinct click to the sound.

With respect to the operation, Mr. Erichsen performed urethrotomy instead of dilating the urethra, as he thought that, as the mass was rather large, the canal might be over-stretched, and incontinence would then result. The cut in the urethra was immediately closed by silver sutures.—*British Medical Journal.*

PROFESSOR TYNDALL ON DISEASE AND SMOKE.

The able lecture of Professor Tyndall at the Royal Institution, which we lately noticed in the MEDICAL PRESS, has been published in our excellent contemporary, *Nature.* We take from that Report a few passages to show how the lecturer first of all dealt with the germ theory of disease, and then passed on to describe a practical illustration of how his views on dust and smoke had enabled him to construct a fireman's respirator, which promises to be of the greatest value.

As regards the lowest forms of life, the world is divided, and has for a long time been divided into two parties, the one affirming that you have only to submit absolutely dead matter to certain physical conditions to evolve from it certain living things; the others, without wishing to set bounds to the power of matter, affirming that in our day no life has ever been found to arise independently of pre-existing life. Many of you are aware that I belong to the party which claims life as a derivative of life. The question has two factors: the evidence, and the mind that judges of the evidence . and you will not forget that it may be purely a mental set or bias on my part that causes me throughout this discussion from beginning to end, to see on the one side dubious facts and defective logic, and on the other side firm reasoning and a knowledge of what rigid experimental inquiry demands. But judged of practically, what, again, has the question of Spontaneous Generation to do with us? Let us see. There are numerous diseases of men and animals that are demonstrably the products of parasitic life, and such diseases may take the most terrible epidemic forms, as in the case of the silkworms of France in our day. Now it is in the highest degree important to know whether the parasites in question are spontaneously developed, or are wafted from without to those afflicted with the disease. The means of prevention, if not of cure, would be widely different in the two cases.

But this is by no means all. Besides these universally admitted cases, there is the broad theory now broached and daily growing in strength and clearness—daily, indeed, gaining more and more of assent from the most successful workers and profound thinkers of the medical profession itself—the theory, namely, that contagious diseases generally are of this parasitic character. If I had heard or read anything since to cause me to regret having introduced this theory to your notice more than a year ago, I should here frankly express that regret. I would renounce in your presence whatever leaning towards the germ theory my words might then have betrayed. Let me state in two sentences the grounds on which the supporters of the theory rely. From their respective viruses you may plant typhoid fever, scarlatina, or small-pox, What is the crop that arises from this husbandry? As surely as the thistle rises from a thistle seed, as surely as the fig comes from the fig, the grape from the grape, the thorn from the thorn, so surely does the typhoid virus increase and multiply into typhoid fever, the scarlatina virus into scarlatina, the small-pox virus into small-pox. What is the conclusion that suggests itself here? It is this:—That the thing which we vaguely call a virus is to all intents and purposes a *seed*: that in the whole range of chemical science you cannot point to an action which illustrates this perfect parallelism with the phenomena of life—this demonstrated power of self-multiplication and reproduction. There is, therefore, no hypothesis to account for the phenomena but that which refers them to parasitic life.

And here you see the bearing of the doctrine of Spontaneous Generation upon the question. For if the doctrine continues to be discredited as it has hitherto been, it will follow that the epidemics which spread havoc amongst us from time to time are not spontaneously generated, but that they arise from an ancestral stock whose *habitat* is the human body itself. It is not on bad air or foul drains that the attention of the physician will primarily be fixed, but upon disease germs which no bad air or foul drains can create, but which may be pushed by foul air into virulent energy of reproduction. You may think I am treading on dangerous ground, that I am putting forth views that may interfere with salutary practice. No such thing. If you wish to learn the impotence of medical science and practice in dealing with contagious diseases, you have only to refer to a recent Harveian Oration by Dr. Gull. Such diseases defy the physician. They must burn themselves out. And, indeed, this, though I do not specially insist upon it, would favour the idea of their vital origin. For if the seeds of contagious disease be themselves living things, it will be difficult to destroy either them or their progeny without involving their living *habitat* in the same destruction.

I went some time ago into a manufactory in one of our large towns, where iron vessels are enamelled by coating them with a mineral powder, and subjecting them to a heat sufficient to fuse the powder. The organization of the establishment was excellent, and one thing only was needed to make it faultless. In a large room a number of women were engaged covering the vessels. The air was laden with the fine dust, and their faces appeared as white and bloodless as the powder with which they worked. By the use of cotton-wool respirators these women might be caused to breathe more free from suspended matters than that of the open street. Over a year ago I was written to by a Lancashire seedsman, who stated that during the seed season of each year, his men suffered horribly from irritation and fever, so that many of them left his service. He asked me could I help him, and I gave him my advice. At the conclusion of the season this year, he wrote to me that he had simply folded a little cotton wool in muslin, and tied it in front of the mouth; that he had passed through the season in comfort and without a single complaint from one of his men.

The substance has also been turned to other uses. An invalid tells me that at night he places a little of the wool before his mouth, slightly moistening it to make it adhere; that he has thereby prolonged his sleep, abated the irritation of his throat, and greatly mitigated a hacking cough from which he had long suffered. In fact, there is no doubt that this substance is capable of manifold useful applications An objection was urged against the use of it: that it became wet and heated by the breath. While I was casting about for a remedy for this, a friend forwarded me from Newcastle a form of respirator invented by Mr. Carrick, an hotel-keeper at Glasgow, which meets the case effectually, and, by a slight modification, may be caused to meet it perfectly.

Our fire-escapes are each in charge of a single man, and I wished to be able to place it in the power of each of those men to penetrate through the densest smoke into the recesses of a house, to rescue those who might otherwise be suffocated or burnt. I thought that cotton wool, which so effectually arrested dust, might also be influential in arresting smoke. It was tried; but, though found soothing in certain gentle kinds of smoke, it was no match for the pungent fumes of a resinous fire, which we employ in our experiments in the laboratory, and which, I am gratified to learn from Captain Shaw, evolves the most abominable smoke with which he is acquainted. I cast about for an improvement, and in conversing on the subject with my friend Dr. Debus, he suggested the use of glycerine to moisten the wool, and render it more adhesive. In fact, this very substance had been employed by the most distinguished advocate of the doctrine of spontaneous generation, M. Pouchet, for the purpose of catching the atmospheric germs. He spread a film of glycerine on a plate of glass, urged air against the film, and examined the dust which stuck to it. The moistening of the cotton wool with the substance was a decided improvement; still the respirator only enabled us to remain in dense smoke for three or four minutes, after which the irritation became unendurable. Reflection suggested that in combustion so imperfect as the production of dense smoke implies, there must be numerous hydro-carbons produced; which, being in a state of vapour, would be very imperfectly arrested by the cotton wool. These, in all probability, were the cause of the residual irritation; and if these could be removed, a practically perfect respirator might possibly be obtained.

I state the reasoning exactly as it occurred to my mind. Its result will be anticipated by many present. All bodies possess the power of condensing in a greater or less degree gases and vapors upon their surfaces, and when the condensing body is very porous, or in a fine state of division, the force of condensation may produce very remarkable effects. Thus, a clean piece of platinum-foil placed in a mixture of oxygen and hydrogen so squeezes the gases together as to cause them to combine; and if the experiment be made with care, the heat of combination may raise the platinum to bright redness, so as to cause the remainder of the mixture to explode. The promptness of this action is greatly augmented by reducing the platinum to a state of fine division. A pellet of "spongy platinum," for instance, plunged into a mixture of oxygen and hydrogen, causes the gases to explode instantly. In virtue of its extreme porosity, a similar power is possessed by charcoal. It is not strong enough to cause the oxygen and the hydrogen to combine like the spongy platinum, but it so squeezes the more condensible vapors together, and also acts with such condensing power upon the oxygen of the air, as to bring both within the combining distance, thus enabling the oxygen to attack and destroy the vapors in the pores of the charcoal. In this way, effluvia of all kinds may be virtually burnt up, and this is the principle of the excellent charcoal respirators invented by Dr. Stenhouse. Armed with one of these, you may go into the foulest-smelling place without having your nose offended. Some of you will remember Dr. Stenhouse lecturing in this room with a suspicious-looking vessel in front of the table. That vessel contained a decomposing cat. It was covered with a layer of charcoal, and nobody knew until told of it what the vessel contained.

I may be permitted in passing to give my testimony as to the efficacy of these charcoal respirators in providing warm air for the lungs. Not only is the sensible heat of the breath in part absorbed by the charcoal, but the considerable amount of latent heat which accompanies the aqueous vapor from the lungs is rendered free by the condensation of the vapor in the pores of the charcoal. Each particle of charcoal is thus converted into an incipient ember, and warms the air as it passes inwards.

But while powerful to arrest vapors, the charcoal respirator is ineffectual as regards smoke. The particles get freely through the respirator. In a series of them tested downstairs, from half a minute to a minute was the limit of endurance. This might be exceeded by Farady's method of emptying the lungs completely, and then filling them before going into a smoky atmosphere. In fact, each solid smoke particle is itself a bit of charcoal, and carries on it, and in it, its little load of irritating vapors. It is this, far more than the particles of carbon themselves, that produces the irritation. Hence two causes of offence are to be removed: the carbon particles which convey the irritant by adhesion and condensation, and the free vapor which accompanies the particles. The moistened cotton-wool I knew would arrest the first, fragments of charcoal I hoped would stop the second. In the first fireman's respirator, Mr. Carrick's arrangement of two valves, the one for inhalation, the other for exhalation, are preserved. But the portion of it which holds the filtering and absorbent substances is prolonged to a depth of four or five inches. On the partition of wire-gauze at the bottom of the space which fronts the mouth, is placed a layer of dry wool; then a layer of charcoal fragments; a second thin layer of dry cotton-wool, succeeded by a layer of fragments of caustic lime. The succession of the layers may be changed without injury to the action. A wire-gauze cover keeps the substances from falling out of the respirator. In the densest smoke that we hitherto employed, the layer of lime has not been found necessary, nor is it shown in the figure; in a flaming building, indeed, the mixture of air with the smoke never permits the carbonic acid to become so dense as to be irrespirable. But in a place where the gas is present in undue quantity, the fragments of lime would materially mitigate its action.—*Medical Press and Circular.*

OBITUARY.

We regret to announce the death of Dr. Wm. Tempest of this city, on the 8th ult., after a short and severe illness, arising from an abscess in the region of the bladder. He was born in Halifax, England, and settled in Toronto in 1842. In 1845 he received his license from the then Medical Board, and practiced for some time in Trafalgar, and subsequently in Oshawa. In 1861 he obtained the Degree of M.B., University of Toronto, and soon after commenced practice in this city, where he has remained since that time, and where he has built up a comfortable practice,—made many friends, and endeared himself to all who knew him well, by his kindness of manner and warmness of heart.

In 1866, during the Fenian invasion, his son, a member of the volunteer-corps, who was then about 21 years of age, fell at Ridgeway in defence of his country. This was a severe blow to the Doctor and the family, and an affliction that was not soon forgotten. Subsequently the Doctor held the position of Medical Health Officer for the city, for the period of two or three years; an office which he filled with credit to himself and satisfaction to all concerned. He leaves a wife and five of a family (three daughters and two sons), to mourn his loss.

Died, on the 18th inst., at his residence, Toronto General Hospital, Dr. W. B. Hampton, aged 29 years.

He was educated in the Toronto School of Medicine, and obtained his license to practice in 1863. He soon afterwards entered upon his duties as resident physician, a position which he filled with general satisfaction His funeral took place on Sunday the 20th, and was largely attended. The immediate cause of his death was enlargement of the liver.

GENERAL SUMMARY.

Torsion.—Dr. Duncan, of Glasgow, recently informed Dr. Fraser, of Montreal, that he had employed torsion twice on the femoral artery, and once on the brachial successfully.

A Testimonial to Mr. Paget.—Since Mr. Paget's retiretirement from the staff of St. Bartholomew's Hospital, a movement has been initiated to "perpetuate his labors," and a fund for that purpose has been opened in London.

Rigid Examinations.—Out of sixty-eight candidates who presented themselves before the Royal College of Surgeons, Eng., on May 24th, twenty-seven were rejected.

Statistics of the Medical Profession.—Dr. J. M. Toner, of Washington, D. C., publishes in the *Boston Medical and Surgical Journal* a synopsis of the information received by the American Medical Association regarding the number of medical practitioners in the United States and Territories. The whole number of physicians of all classes is stated at 49,708. This number is divided as follows: regular, 39,070; homœopathic, 2,961; eclectic, 2,860; hydropathic, 133; miscellaneous and unknown, 4,774. Estimating the population of the United States at thirty-nine millions, this would give one regular physician to every thousand persons.

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ON THE HÆMOSTATIC PROPERTIES OF ALNUS INCANA.

BY THOS. R. DUPUIS, M.D., F.R.C.P.S., KN., PROFESSOR OF BOTANY IN THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS, KINGSTON.

Alnus Incana,—*Speckled, Spotted, or Hoary Alder,* (*Tag alder,*) —is a monœcious shrub from eight to twenty feet in height, with both kinds of flowers in scaly catkins.

The sterile catkins are elongated and drooping, with fine bractlets, and from one to three flowers under each scale, each flower usually having a four-parted calyx, four stamens with very short filaments and two-celled anthers. The fertile catkins are oval, the scales fleshy, and each two-flowered, with a calyx of four little scales adherent to the scales of the catkin, all consolidated below, and, becoming thick and woody, they form an orbicular fruit. Leaf-buds petioled, leaves broadly oval or ovate, rounded at the base, sharply serrate, and more or less cut into coarser teeth, dark green above, and whitish and somewhat downy beneath. The stipules are oblong lanceolate, The bark is of a deep grayish or greenish color, shaded to almost black on portions of the stem, and marked with whitish spots that are transversely oblong,and which appear to be glands. The catkins are formed in the latter part of summer, and continue through the winter ready to expand in early spring; and their peculiar tasselled appearance amongst the leafless branches has given the plant its popular name in this country.

It is common throughout Canada, forming thickets along streams and in marshy grounds.

The taste of the bark is sweetish inclining to bitter, has a rough feeling in the mouth when chewed, possesses some astringency, and affects the fauces with a slightly acrid sensation. It imparts a reddish color to the saliva, and both the recent bark and the stick from which it has been peeled very soon acquire a red color by exposure to the air.

I am not aware that any thorough chemical examination of the constituents of this bark has been made. It contains both tannic and gallic acids, the latter probably in greater abundance, besides volatile oil, fixed oil, resin, coloring matter, and other constituents peculiar to the plant. The precipitates thrown down by the ferric salts from the infusion, decoction, alcoholic and ethereal tinctures, have a *greenish* black color similar to those from tea, sumach, catechu, and some other vegetables.

Very little seems to be known of its medical properties. It is not mentioned either in Bigelow's or Griffith's Medical Botany. Wood and Dunglison both give a short description of a European species, (a. glutinosa) which is astringent and slightly tonic,and presume that this species possesses analogous properties. In Beach's American Practice, (Eclectic) it is said to be alterative, and a tea of it directed to be drunk freely, to purify the blood. Mr. Saunders of London, Ont., prepares an extract of the bark, (Extractum alni fluidum) which is prescribed in doses of from twenty to sixty drops, as an alterative and astringent.

Beyond the foregoing I cannot obtain any reliable information respecting its peculiar qualities, as observed by others. It is, doubtless, astringent, somewhat stimulating to the stomach, and perhaps tonic; but its *hæmostatic* property is to me its most characteristic one, and that with which I am best acquainted. I have prescribed the bark both externally and internally, and have never observed any ill effects follow its use, except occasionally nausea, and vomiting when drunk too freely.

My attention was first called to the *hæmostatic* properties of this substance when I was a lad, by seeing it used in this way among horse-farriers and in domestic practice. The following cases, in which it appears to have been used with advantage, I have noted from among several others which have occurred during a practice of twelve years. I have also prescribed it in hæmoptysis and in menorrhagia with benefit; and I consider it well adapted to any internal or external passive hemorrhages in which astringents are generally esteemed beneficial; for beyond its merely astringent action, I conceive that it has a power over bleeding vessels; possessed by few other substances either vegetable or mineral. And, though its action on the various organs differs from such medicines as matico, gallic acid, oak bark, uva ursi, &c., it may without doubt, be prescribed with equal or greater advantage in many cases where these are used.

The following will briefly illustrate its uses:

Case I. This occurred before I began to study medicine. A young man received a severe cut from a scythe, just external to the patella, by which some branches of the external articular arteries were severed. Bleeding was profuse and persistent; all domestic remedies were exhausted in vain, when, on the advice of an old man, who was something of a horse-farrier, cloths soaked in a decoction of alder bark were bound upon the cut, and kept constantly wet with the liquid. In a short time the wound was filled with a very firm clot, and the bleeding permanently restrained.

Case II. A case of epistaxis in a boy thirteen years of age. He began to bleed on Friday at noon, and I first saw the case on Saturday night. An old physician, the regular attendant of the family, had labored faithfully with various means—plugging the anterior nares, &c.—for six or eight hours without avail, when I took the case in hand. He was then so much exhausted as to be in a state of almost constant syncope, and was considered hopeless. I wanted to try the alder bark before attempting to plug the posterior nares, so I immediately prepared a decoction, and soaking pledgets of cotton wool in it, pushed them as far back into the nostrils as possible, and then kept them wet with it by tilting back the head and pouring the liquid into his nostrils with a teaspoon from time to time. In a surprisingly short time, hemorrhage ceased, there were no symptoms of a return, and the patient began to rally forthwith, although it was several days before he recovered from the extreme exhaustion which he had suffered.

Case III. A middle-aged farmer had his face severely injured by the upsetting of his sleigh upon him. The nose was crushed flat, the right superior maxilla broken, and so far dislocated that the teeth occupied the mesial line, and the soft parts extensively bruised and lacerated. There was no distinct arterial bleeding, but so copious and persistent an oozing from all the injuries, that I feared ligation of the right carotid artery would be demanded for its arrest. After the parts were adjusted, however, the face, mouth and nostrils were continuously bathed with an ice.cold decoction of alder bark; (to which in this case alum had been added;) very soon the hemorrhage began to diminish, and at the end of six or seven hours it had entirely ceased.

Case IV. A strong laborer received a severe cut with an axe, in his leg, just exterior to the middle third of the tibia. Bleeding was so uncontrollable that his friends feared for his life. I was called, but could not go, and so ordered that a strong decoction of this bark be made, and cloths wetted in it constantly applied to the wound. This had the desired effect, and early next morning I was informed that there had been no more trouble with bleeding after they began the use of the alder bark.

In case first, second and fourth, there is not a shadow of doubt in my mind that the bark of the alder was the real agent in the *hæmostasis.* In case third, although I am satisfied that it was a powerful adjunct to the natural *hæmostatics*, and perhaps that without which they would have failed, its action was not so prominently brought out, owing to the addition of alum, the coldness of the application, and the tendency of bruised or torn vessels to restrain hemorrhage.

In all cases, however, where I have prescribed it, I have been satisfied of its usefulness; and should experience prove it to be as useful in the hands of others as it seems to have been in mine, it will certainly become a great boon to the Canadian practitioner, on account of its abundance, and the facility with which it may be obtained.

I cannot close this article without soliciting for the bark of *Tag Alder*, a trial from all those who may be interested in the develepement of the *medical materials* of our own country.

Odessa, September 8th, 1871.

DRAFT OF BILL TO AMEND THE PRESENT MEDICAL ACT.

BY DR. H. H. STRANGE, REGISTRAR, HAMILTON.

Whereas it is expedient to amend the Ontario Medical Act, so as to enable the Council to avoid the expense incurred under the present system of election, and for the purpose of making the Penal Clauses more efficient than they are at present; be it therefore enacted as follows:

I. Sections forty, forty-one, forty-two and forty-three are hereby repealed, and the following sections and sub-sections are substituted in lieu thereof:—

II. Any person who shall wilfully procure, or attempt to procure, himself to be registered under the said Act, by making or producing, or causing to be made or produced, any false or fraudulent representation or declaration, either verbally or in writing, shall, on conviction thereof before any justice of the peace, incur a penalty not exceeding one hundred dollars, and every person knowingly aiding or assisting him therein, shall, on conviction thereof, incur a penalty of not less than twenty, nor more than fifty dollars.

2. If any person shall procure, or cause to be procured, his registration under the said Act by means of any false or fraudulent representation or declaration, either verbally or in writing, it shall be lawful for the Registrar, upon the receipt of evidence which shall be satisfactory to him of the falsity or fraudulent character of said representation or declaration, to erase the name of the said person from the register, and to make known the fact and cause of such erasure by notice to be published once in the *Ontario Gazette,* and after such notice has appeared, the person whose name has been so erased as aforesaid shall cease to be a member of the said College of Physicians and Surgeons of Ontario, and shall cease to enjoy any of the privileges of registration under the said Act, and shall be disqualified from registering under the said Act at any future time without the express sanction of the Council.

III. It shall not be lawful for any person not registered under the said Act to practise Physic, Surgery or Midwifery in Ontario for hire, gain or hope of reward.

2. If any person not registered under the said Act,

practise Physic, Surgery or Midwifery for hire, gain or hope of reward, he shall upon a summary conviction before any Justice of the Peace for any such offence, pay a penalty not exceeding one hundred dollars nor less than twenty dollars.

3. Upon the trial of any person charged under the next preceding sub-section, the burden of proof as to the registration of the person charged shall be upon the person so charged.

4. Any person who shall wilfully and falsely pretend to be a Physician, Doctor of Medicine, Licentiate in Medicine, Surgery or Midwifery, Master of Surgery, Bachelor of Medicine, Surgeon or General Practitioner, or shall assume any title, addition or description other than he actually possesses and is legally entitled to, shall be liable on conviction before a Justice of the Peace, to a penalty not exceeding fifty dollars.

5. Any person not registered under the said Act, who shall take or use any name, title, addition or description implying or calculated to lead people to infer that he is registered under the said Act, or that he is recognized by law as a Physician, Surgeon, Accoucheur, or a Licentiate in Medicine, Surgery or Midwifery, shall, upon a summary conviction before any Justice of the Peace, pay a penalty not exceeding one hundred dollars, nor less than twenty-five dollars.

6. In any trial under the said Act as hereby amended, the burden of proof as to registration shall lie upon the person charged, provided always that the register in force for the time being, shall be *prima facie* evidence that the persons named therein are legally entitled to the diplomas mentioned opposite their respective names.

IV. All prosecutions under this Act, or the Act amended by it, may be brought and heard before and by any one or more of Her Majesty's Justices of the Peace having jurisdiction in the locality where any such offence has been committed, and such Justice shall have power to award the payment of costs in addition to the penalty, and in case the penalty and costs awarded by him be not paid forthwith upon conviction, to commit the offender to the common gaol, there to be imprisoned for any term not exceeding three months, unless such penalty and costs be sooner paid.

2. All penalties recoverable under this Act, or under the Act hereby amended, shall be paid to the convicting

Justice, and be by him paid to the Treasurer of the Council, and all penalties so recovered shall form a part of the general fund of the Council.

3. Any person convicted under this Act, or under the Act hereby amended, who shall give notice of appeal against the decision of the convicting Justice, shall be required, before being released from custody, to give to said Justice satisfactory security for the amount of the penalty and costs of conviction and appeal.

4. Any person may be prosecutor or complainant under this Act, or under the Act hereby amended.

V. That all the words in clause 1 of section 12 after the words *Ontario Gazette* be struck out.

VI. That, in sub-section 2 of section 12, instead of the words "published in the *Ontario Gazette* for at least one month," be struck out and the following substituted, "published *once* in the *Ontario Gazette*.

VII. This Act shall be read as part of the Act hereby amended.

RETROVERSION OF THE IMPREGNATED UTERUS.

BY D. LESLIE PHILIP, M. D., BRANTFORD, ONT.

In October, three years ago, whilst practicing in Plattsville, I was requested to visit Mrs. W., by her husband, who informed me that within the last few days she had become dropsical, that she was suffering great pain, and if not soon relieved he believed she would die. On visiting the patient, who lived about five miles distant, I obtained the following history :—

She was about four months advanced in pregnancy, and had enjoyed excellent health up to within four days, when, on going about her ordinary household duties, "she felt something give way." She felt no great pain at the time, but on attempting to void her urine, she was unable. She strained violently, applied hot fomentations, and used some domestic remedies for the water, but without any effect. She stated that a little urine came away from her (*stillicidium urinæ*) in drippings. Her bowels had been constipated, but she passed some slight watery stools and flatus.

Her sufferings during the past twelve hours were distressing; she felt as if her abdomen would burst, and earnestly entreated to be relieved. Her pulse was quick, with high fever, flushed countenance and hurried respiration. On examing the abdomen there was a large tumor extending to the umbilicus, and reaching almost from one ilium to the other, very painful on the slightest pressure. Suspecting the nature of the case, I requested to make a vaginal examination, and on introducing my finger, I found a tumor occupying the cavity of the pelvis. I could not reach the mouth of the uterus, and the fundus of this organ was firmly wedged low down in the cavity of the Sacrum. Not having a gum elastic catheter with me, I tried the ordinary female silver one, but the canal of the urethra was so elongated by being carried upwards behind the Symphisis Pubis, that it would not, as I almost anticipated, reach the bladder. I therefore sent for an elastic one, which necessitated some further delay, and having obtained it, I introduced it with some difficulty, and drew off (by measurement) eight pints of fetid ammoniacal urine. Having accomplished this, and after giving a stimulating clyster, which brought away a considerable quantity of feculent matter, I determined, if possible, on immediately reducing the retroverted womb. Placing her in the usual obstetric posture, I passed the fingers of my right hand into the vagina, against the body and fundus of the womb, and with my thumb inserted into the rectum which placed the retroverted organ favorable for reduction, I made an increasing amount of pressure for about fifteen minutes, but failed to remove it in the slightest degree, so tightly was it impacted. The patient being somewhat discouraged at the attempt to dislodge it being unsuccessful, I allowed her an interval of rest, as she was very much exhausted, and gave her some stimulant. I resolved, if possible, to reduce it, believing that delay would only increase the difficulty, and that there was no likelihood that the womb would right itself by drawing off the water regularly as recommended by Denman, Hunter, and others. In my second attempt, therefore, I determined to use as much force as was compatible with safety. Placing her upon her knees and elbows, with the Pelvis higher than the abdomen, in order to remove the pressure of the viscera, and having oiled my right hand, I now passed it, with as little severe pressure as possible, entirely into the rectum, which was gradually accomplished, and with much less suffering to the patient, and difficulty to myself, than I could have imagined. I now got a bearing on the fundus, and after using continued and strong pressure for about twenty minutes, I moved it somewhat. I was then enabled, with a finger of my left hand, to grasp the cervix and draw the os downwards, whilst at the same time I pushed the fundus upwards, which was managed with difficulty. Some delay was experienced in getting it over the promontory of the sacrum, but in about half an hour from the time I commenced, it passed out of its tightly inpacted position in the hollow of that bone. She was ordered to keep her bed for a fortnight, and recovered without a bad symptom.

I attended her in her subsequent confinement, when she was safely delivered of a healthy child.

Brantford, September, 1871.

MEDICAL EDUCATION IN THE UNITED STATES.

J. MUIR, M.D., ANTWERP.

The *Baltimore Medical Journal and Bulletin* (page 767), one of the ablest periodicals in the country, lately published some strictures, intended to apply generally to medical students throughout the States. The concluding words of the article are these :—

"We make the broad general statement, that medical students as a rule have been, and are, totally disqualified for the vocation they have chosen. Without scientific training of any kind, they are as a body incapable of scientific pursuits, and herein do we find one great reason why medical science is ranked among the inexact sciences; so few of its votaries comprehend the first principles of scientific enquiry, and only vitiate by inaccurate observations and illogical deductions, the conclusions of their more skilled and capable brethren. We say send three-fourths of them back to their homes—they are but dead-weights upon the car of medical progress."

At the recent meeting too, of the American Medical Association, held at San Francisco, we find the proceedings reported in the same journal (page 279), and the following language, attributed to Dr. Stillé, the President of the Association :—

"Among the instruments devised for hastening the progress of popular and professional enlightenment, is this Association. It was founded by physicians who were painfully alive to the deficiencies of the schools, especially in comparison with those of Europe. Some who were most ardent in labor for establishing a higher grade of medical education, had resided abroad, and had felt humiliated in comparing their own attainments with those of their foreign contemporaries. Others who had not been subjected to this painful experience, were nevertheless acquainted with our shortcomings, and were equally in earnest in arousing the medical profession and inducing the medical colleges to enlarge their curriculum, prolong their terms of study, and exact from candidates for the medical degree a larger amount of professional knowledge. There was no doubt of the need of improvement, nor any of the sincerity of those who advocated it."

Now, both of these statements are intelligible enough, and would be highly satisfactory, were it not for the glaring inconsistency of what follows. The editor of the *Journal and Bulletin*, near the close of his report of Dr. Stille's address, says:—(page 279 and 315) He then drew a contrast between the education in Europe and this country, and expressed the opinion that the long terms and more extended curriculum of the schools of the old country are not to be desired, and that our system of education is better suited to our national characteristics. He contends that we are going through a state of transition, and that we have not yet arrived at the point at which the highest form of education is necessary. In this connection he quoted some views from Herbert Spencer, in regard to the nature of healthy mental progress."

And their special California correspondent, writing from San Francisco under date of May 6, 1871, speaks of the address in approving terms as "a long and cautiously prepared paper. The diction was polished, the sentences constructed carefully, and the paper perhaps, will prove, as a literary effort, the best ever read before the Association."

The effort, certainly, in the estimation of the correspondence quotéd, and the many other admirers of the eminent Professor of Theory and Practice of Medicine in the University of Pennsylvania, may present all the excellent features claimed; but its apparent contradictions, and their acceptance and approval by the

Journal and Bulletin, leave us in a very cloudy condition indeed, as to the precise position of Dr. Stillé and the Baltimore editors in reference to higher medical education.

TUMORS OF THE UMBILICUS REMOVED BY LIGATURE.

BY CHARLES DAVID DOIG, M.D., L.R.C.S., EDIN., ABINGER, ONTARIO.

Morbid growths form a subject of interest to the medical observer, whether they are considered in reference to their varied organization, their mode of production, the textures, organs or localities in which they occur; or the difficulties, dangers, and results attending their diagnosis and treatment.

In many instances the nature of a tumor is readily made out; in other instances in the early condition, even the experienced and skilful physician might overlook the true nature of the malady. Thus cancer of the groin, especially where the constitutional accompaniments are not developed, might only be considered an enlarged gland, and, until the further progress of the disease discloses the true state of matters, might be treated as such by the attendant, without any blame being due to him.

At the earliest period of infancy the umbilicus is an object of attention, and with reason, for excluding the ground of cleanliness, alone an adequate inducement, local filth as from neglect of dressing, more especially when combined with the depressing influences exercised on a delicate infant in the densely crowded localities of a populous town, is sufficient cause of trismus and death. This is not a mere imaginative statement, but one founded on actual observation, and is sufficient to prove that umbilical irritation at this delicate stage of existence endangers life, and suggests the expediency of local cleanliness and freedom from irritation by dirty stinking rags.

The separation of the effete cord is not the only risk the infant has to encounter. Morbid growths may occur at the Umbilical depression, as the accompanying histories testify. In the one case a tumor commences at the navel shortly after birth, without any assignable cause, increases in size equal to a boy's marble, and remains stationary during several years. It is successfully removed by a tape ligature.

In the other case a slight swelling is observed at the navel at the time of birth. This swelling disappears, and in two weeks reappears. In four weeks it grows to the size of a pea, and is attached to the umbilicus by a slender pedicle. ·At this date (infant six weeks old) I severed the pedicle by a ligature. A little bleeding followed, but not of dangerous amount.

Case 1.—W., between four and five years of age, native of Britain (Co. Tyrone, Ireland), resident in Canada West; has a small tumor in the region of the navel, protruding from the centre of the Umbilical depression in the form of an elongated, round, flesh red, soft mass, as large in bulk as a boy's marble. It does not cause pain. It bleeds daily, staining the wearing apparel. The growth commenced immediately afterbirth, as a small red spot: has increased in size, and has continued without showing any signs of disappearance. The boy is otherwise in good health.

December 25, 1865.—The local use of tannin and nitrate of silver having failed to be of any service, I applied a tape ligature to the tumor at the abdominal attachment.

January, 1866.—The boy suffered no material annoyance from the ligature, excepting a little pain, consequent on friction with the bed clothes. The excrescence separated on the seventh day as a hard, dark, shrivelled mass.

Case II.—L., female, aet. six weeks, native of Canada (Ontario); has a small tumor about the size of a pea attached to the Umbilicus by a slender pedicle.

At the time of birth the attendant noticed a slight swelling at the Umbilicus. The swelling disappeared, and in about two weeks reappeared. It has continued to grow until the present time.

December 26, 1869.—I applied a ligature which cut the pedicle. A little blood flowed for a few seconds and then ceased. The tumor has not returned.

PERSONAL.—W. E. Ledygard, M.A., M.B., Toronto University, and G. F. Slack, M.D. Montreal have successfully passed the examination of the Royal College of Surgeons, England.

F. R. L. Strathy, M.D. Victoria College, L.R.C.P. Edin. successfully passed the examination of the Royal College of Surgeons, Edin.

CORRESPONDENCE.

(To the Editor of the Canada Lancet.)

SIR,

I find in the present number of your valuable journal a favorable notice of a pancreatic emulsion, under the name of Cyano-Pancreatine, and that it has the sanction of some of the most eminent physicians in Canada; also, you state it to be "composed of animal fats, pancreatic juice, alcohol, and water, chemically united in proper proportions."

In the August number, page 503, in my paper on consumption, I gave a formula for the combination of fats and alkalies' as well as an explanation of their chemical union, so at variance with the preparation under consideration, I feel called upon to make a few remarks in reference to it.

I maintain that the only chemical theory which can be given of the action of fats medicinally on the system is the one given in my paper, viz., the formation into their respective acids *after* they have been combined with the alkalies and *after* they have been received into the circulation, and subjected to the action of the heat of the blood, thus allowing the *free* action of the alkalies in the emulsion, on the mucous surfaces and albuminous secretions, and of the fatty acids on the blood and blood deposits in whatever form,—therefore it is necessary that the mixture should contain sugar or a Saccharine principle to insure the fermenting process and secure the acid formation, it is also all important that different alkalies, or more than one should be combined to prevent the acids of the stomach destroying the effect altogether.

As to the use of butter as opposed to the coarser fats, such as fish oil, lard oil, &c., I will quote a distinguished author, not on medicine, but in reply to the Darwinian theory of our progenitors:—"If in the examination of man's nature we will confine our view exclusively to the lower works of animals, I should say that the possible contagion and communication of various diseases and organic properties and powers of animals, would prove in man rather a greater sympathy and affinity of organic life and animal blood with the cow, the sheep, the horse, or the elephant, than with the ape." So for the chemical composition of butter and fats, and their respective affinity to human fat, I refer to Mulder, page 573:—

"Margarine or solid fat which exists largely in butter is the solid ingredient of human fat. Butter, therefore, appears to be the most natural food in the human race, since it contains so large a proportion of one of these substances which enter directly into the constitution of the human frame, (p. 558)—olein, or fluid fat is the same in all animals, but the fluid oil of animal fats is known to differ from the liquid part of butter, (587)." Butter prepared from any of the usual methods contains more or less of all the ingredients which exist in milk." (Johnson, page 551.

Now I claim that pepsine, another ingredient in my butter mixture, plays an important part in the treatment of indigestion in all its various forms, nor am I willing to ignore the usefulness of the phosphatic element in the preparation which I have suggested, I say suggested, for I do not hold it as the only useful mixture that can be prepared, or the only form in which fats and alkalies can be brought into general usefulness in the cure of diseases; but I do maintain that when a plan or system of prescribing is openly advocated in a proper journal, it is the bounden duty of any practitioner to show its fallacy or give it preference to secret preparations of the same kind.

C. B. HALL.

Adelaide Street, Sept. 5, 1871.

(*To the Editor of the Canada Lancet.*)

DEAR SIR,—I desire through the columns of the *Lancet*, to bring under the notice of the profession, a mode of treatment which I adopted in a case, and which is somewhat different from the ordinary method. The patient, (a child about two years old) when I first saw it, had an erysipelatous band two inches in breadth, encircling the ankle. I gave a brisk purgative and followed this with tinct-aconite in half-drop doses every half hour; saw the child again three hours later, the disease had now reached the knee and threatened to be cellulitic I ordered warm poultices of hops, and saw the case again an hour after. The inflammation had extended to the middle third of the thigh. I now drew a camel's hair pencil, dipped in tinct. of iodine around the thigh a few lines above the line of demarcation, and contrary to usual practice ordered cold to be applied.

Three hours had elapsed before I again saw the patient, I found that the inflammation had not crossed the iodine line, and that by the application of cold water, the whole limb had acquired a more natural hue. The cold applications were kept up for some twenty-four hours longer with complete recovery. I have thus drawn attention to this matter from the fact, that, I think we are all a little too much afraid of cold applications in the treatment of this disease.

Yours respcetfully,
HENRY R. BRISSETT, M.D.

St. John's, Que. Sept. 5th, '71.

HOSPITAL APPOINTMENTS.

(From our Edinburgh Correspondent.)

I have been pleased at seeing an article in the LANCET, and also letters in the Toronto papers, from various medical men throughout the country, advocating the appointing of house surgeons annually, by competitive examination, at the Toronto General Hospital. One of the great advantages which graduates in medicine and surgery in Great Britain have over Canadians, is the number of hospital appointments which are open to them. Many of these are entirely honorary, nothing being allowed besides board and lodging; others receive merely a nominal salary, and in a few the residents have to pay so much per week or month to live there, after being appointed. In this country these posts are generally given to young graduates. At the Royal Infirmary, there are several house physicians, as well as a like number of house surgeons; both the medical and surgical houses being entirely separate, as regards their professional management. These appointments are held for six months. At the Royal Maternity Hospital, Edinburgh, the resident accoucheur pays four guineas per month to the hospital. There the resident has the privilege of delivering all the patients residing in the hospital, while the attending students deliver the *out*-patients, wherever they reside. At Chalmer's Hospital and at the Royal Hospital for sick children, the resident physicians are appointed according to the testimonials which they present, the appointments being held one year in the former, and six months in the latter institution, no salary being given. There are so many of these places to be had by the young physician and surgeon, that very many are engaged with hospital work for one or more years after graduating. One of the greatest evidences of these appointments being appreciated, is shown by the number of applicants that present themselves, men having passed with honors, being often the most anxious to obtain an appointment which will be beneficial in a professional, but not in a pecuniary point of view. These posts are considered by most men, to be of immense value to the early practitioner. In this way he has the opportunity of seeing a great deal of practical work, without having the weight of the responsibility upon his own shoulders, and afterwards, when in practice, often will he call back the recollection of cases which he may have seen during his hospital service, and compare them with cases which he is treating. He has also the opportunity of benefitting by the advice of men of experience. The residents are allowed to perform minor operations, such as amputating fingers, &c., in this way gaining confidence, which will be of great value in after life. Many of your readers, I daresay, have held such appointments in this country and, I have no doubt, value the time they spent in them more than a little. If there were more of these residentships in Canada, it would greatly tend to raise the standard of the medical profession. Many of the appointments which are given to older practitioners, accompanied by a salary sufficiently remunerative to make them hold them for years, might, with much more benefit to the profession, be awarded to graduates by competitive examination, to be held by them for the space of six months or a year, with merely a nominal salary. I feel convinced that in a short time students would begin to know the value of such appointments, and there would be many applicants for such positions.

F. R. S.

Edinburgh, September 14th, 1871.

HYPODERMIC INJECTION OF MORPHIA IN DYSENTERY.—Cases of dysentery cured by hypodermic injections of morphia alone are recorded by Dr. Thomas J. Gallagher, of Pittsburgh, Pa., in the *N. Y. Medical Journal.* The pain and tenesmus are instantly relieved, by this method and the cure is much quicker than by the usual procedure; also the administration of frequent doses of nauseous drugs obviated. From one to two injections, mostly but one, daily, is all that is required.

Selected Articles.

FIBROID POLYPUS OF THE UTERUS:—REMOVED BY TWISTING THE PEDICLE.

REPORTED BY J. CURRIE, M. D., PARK END, LYDNEY, GLO'STER.

Dec., 1870.—Mrs. P., aged 46 years, the mother of ten children, the youngest child being six years old, has suffered during the past eighteen months from vaginal discharge, with irregular menstruation and general weakness, On one occasion after a long walk she had hæmorrhage. The discharge being supposed to be merely leucorrhœal was treated for a considerable time by iron tonics, etc., but as it was not lessened thereby, a vaginal examination was proposed about six months since, to which at first she would not consent. At length, growing anxious, she applied to my partner, Mr. Batten, in August, and submitted to the necessary examination, which immediately revealed the presence of a large smooth tumor in the vagina. I had an opportunity of repeating the examination in a few days after, and found the vagina stretched round a smooth round tumor, beyond which, however, by persevering, I could pass the finger and distinguish a short pedicle connecting the swelling with the inner surface of the anterior wall of the cervix uteri.

The patient was informed that she should make up her mind to the removal of the tumor by operation. Shortly after, however, she consulted a surgeon in a neighboring city, who prescribed a lotion to be applied on lint, and pushed up as far as she could reach, and a tonic mixture. He informed her, moreover, that to remove the tumor would be fatal, probably at once. Finding no benefit from these means, she again put herself under our care. Of late she has suffered occasionally from retention of urine when the bladder has been allowed to get too full, and early in the morning of the 1st inst. I was sent for in a hurry to see her. She was in great pain, and obliged to maintain a bent posture. She had taken a free draught of new cider, which the family had been making the evening before, at bed time, and when she rose in the morning she failed in her effort to make water. She was put to bed, and on examination I found the tumor larger and lower down—indeed, just within the orifice of the vagina—in shape and size closely resembling the fœtal head of seven or eight months. I endeavored to depress the tumor, so as to permit of her passing urine of her own effort, but it only dribbled away, so I drew off about a pint by catheter. Finding the tumor moveable, and having observed Dr. Tannahill's case in the November number of the *Glasgow Medical Journal,* I tried whether the tumor could be turned round at all, and succeeded in turning it round once or twice, and I observed that it was retained in its new position. Anticipating a repetition of the retention of urine, I requested Mr. Batten again to see her with me, intending to adopt operative measures at once. We saw her on the 3d inst., and found that there was a thick bloody fetid discharge, and that the tumor was less tense and swollen than at my previous visit. There had been no return of the retention. Yet it was with difficulty that the finger could be made to reach the attachment to the cervix uteri. I again turned the mass round so as to twist the pedicle, and the patient was advised to syringe out the vagina. This she did not do, but on the morning of the 8th, when she arose from bed, she had some bearing-down pain, and the entire tumor was expelled. On examination, later in the day, the vagina was found to be quite empty, and the os uteri capable of admitting the finger. Rest and frequent washing were enjoined.

The tumor as now seen could hardly be believed to be the same, which a few days before filled up the vagina, and felt as large as a child's head, so much had it been reduced by the sloughing process. Mr. Carter, Pathologist at University College, London, who kindly submitted the tumor to microscopical examination for me, states that it presents the usual characters of polypus and fibroïd tumor of the uterus, viz., unstriped muscular fibres, fibrous tissue, and fusiform cells and nuclei.

The patient has quite regained her health (April 1871), and the menstrual function has been re-established.—*Glasgow Medical Journal.*

COMPLETE EXCISION OF THE ASTRAGALUS AND OS CALCIS.—Dr. T. G Morton, of Philadelphia (*Am. Journ. Med. Sciences*), presented a case of excision of these bones, at a meeting of the College of Physicians and Surgeons. A very perfect recovery followed, both as regards motion in the new joint, and in the usefulness of the foot, which was shortened about one inch.

STRYCHNIA POISONING—RECOVERY UNDER TREATMENT WITH CALABAR BEANS AND CHLOROFORM.

BY JOHN WHITE, M. D., GLASGOW.

On the 15th August last, at 10.10 p.m., I was called on by Mr. P., who said that he would like me to come quickly and see his servant maid, who, he thought, was either mad or dying. I went at once, and found the girl in bed in a prone posture, and in a state of tetanic spasm. On making examination, the smallest touch induced powerful spasmodic convulsions; in fact, a condition ending in complete emprosthotonos. Her eyes stared wildly, her pupils were dilated, jaws firmly closed, respiration difficult and laborious, pulse very quick. The paroxysms returned every thirty or forty seconds. During the paroxysms she seemed inclined to turn on her side, and the violence with which the jaws closed, suggested the action of a rat trap. On the accession of each paroxysm, she howled fearfully, and so loudly that neighbors above and below on the same stair were kept in a state of terror for several hours. Her cries seemed slightly to precede the muscular contraction. During the short intervals, I, with difficulty, elicited the information that she had taken Vermin killer, with suicidal intent, and also that she did not wish to recover. From the symptoms I had no difficulty in concluding that the poison had been some form of strychnine. I at once mixed a tablespoonful of mustard, with a tumbler full of water, and tried to force her to swallow it. From the clenched condition of her jaws, I could only succeed in forcing a small quantity down her throat, which was almost immediately rejected in the same state as when swallowed; and it failed to induce vomiting. I then put her under the influence of chloroform, and sent for my neighbour, Dr. Niven. On his arrival at 11, seeing that the state of the jaws precluded the use of the stomach pump, we agreed to try the effect of the Calabar Bean, conjoined with the chloroform. Half a grain of the extract in the form of tincture was accordingly administered at once, and the chloroform continued, remitting it every 15 minutes or so, to examine her condition.

For an hour and a-half the paroxysms continued, though by the end of that time they were much decreased in intensity. At

12.45 the paroxysms returned with their original violence. The pupils were still dilated; the pulse 130 to 140, small and irregular. Another half-grain dose of the extract was then administered, and the chloroform continued as before. While under its influence the pulse fell to 88 full, soft, regular; but so soon as the effects of the chloroform wore off, it again mounted to 130. This was observed on each withdrawal of the anæsthetic. While under its influence she frequently made use of the expression, "Oh! poor Bob," suggestive of some love affair having had something to do with her present situation. The chloroform was continued remittingly till two o'clock, when it was withdrawn for a short time. The pulse rose to 100, and, on touching her body, spasms were again excited, though not violently as before. She now complained of pains in the head and jaws, and expressed herself as anxious to recover. Cloths wrung out of cold water were now applied to the head, which, she said, eased the pain considerably. The pupils were now contracted, though not very much.

At 2.45 she vomited freely, and by 3.30 the spasms had almost entirely disappeared; pulse 86, small, soft. I saw her again at 9; found her much exhausted; complained of pain in almost every part of the body, particularly the muscles of neck and jaws; feels as though she had been thrashed from head to foot. I was then able to examine her more particularly, and to obtain the following history:—

M. T., aged 20, height 4 feet 11 inches, stout, strong, and healthy looking, had come recently from the country, and been a very short time in her present situation. Since her arrival in town she had formed the acquaintance of a young tradesman, of whom she thought a great deal. His employment failing in Glasgow, he had left for some other part of the country. Since his departure she had been in very low spirits—so low that she had resolved on self-destruction. With this intent she went to a druggist's shop and bought 4d worth of poison, which she said was to kill mice. On her arrival home she mixed the poison in a cup, by means of a spoon, with cold water, and drank it off. She then poured water on the "grounds," as she called it, and drank off every particle; and, having burned the wrappers, "went to bed to die." She had taken no food for three hours previously, and then only a spare meal of bread and tea. As nearly as I can calculate, I saw her twenty-five minutes after she had swallowed the poison. My patient recovered rapidly, and was able to be sent home in the course of next day. I have heard of her since her return to Ayrshire, and no bad results seem to have followed. To corroborate part of her statement, I went to the shop she mentioned, and found that a woman answering to her description had, at the same time she indicated, purchased two 2d packets of Vermin killer for the purpose of killing mice.

The powder similar to which she swallowed I now show you. It is in moderately fine powder, of a bluish color; metallic taste not unlike that of sulphate of zinc, and very bitter. It mixes readily with water, is partially soluble in cold, and entirely so in boiling water. Under the microscope it appears starchy looking with admixture of small crystals, and in a regular state of division. Tests for strychnia having been applied, that substance was found to be abundant. To save the troublesome process of a quantitative analysis, the person who prepared the Vermin killer was communicated with. He courteously replied that each six grains of the preparation contained exactly one of strychnine. Now, as two 2d packets weigh exactly 20 grains, this gives 3⅓ grains strychnine as the quantity swallowed. The question here arises, Did she swallow the whole of the quantity she bought? From the circumstantial manner in which she described her process of mixing and swallowing the dregs, along with her determination to commit suicide, I have no doubt of it.

Another question may be put, Did she reject any part along with the mustard and water 35 minutes after swallowing the poison? I am of opinion that she did not; the rejected portion seemed not to have come from the stomach at all, but simply the ounce, or two at the most, of mustard and water which I had tried to force her to swallow; and the subsequent persistence of symptoms go far to confirm this.

As to the treatment, I cannot say it was strictly scientific; but the end justified the means. The urgency of symptoms was such that we used two remedies, the action of which, so far as we know, are not physiologically incompatible; but how far each individually, or both conjointly, acted towards the end attained, I am not prepared to state. We know that strychnia destroys life by acting on the nerve centres, and producing spasmodic contraction of the muscles of both respiration and circulation;

and we are aware that chloroform abolishes reflex action. Is it not then likely that the chloroform, combined with the Calabar Bean, had, so to speak, restrained the physiological action of the strychnine until it had exhausted itself, and been eliminated from the system?—*Glasgow Medical Journal.*

CASE OF ABSENCE OF THE UTERUS AND VAGINA, AND OPERATION FOR RELIEF OF THE LATTER

BY J. H. POOLEY, M.D., YONKERS, N. Y.

Eliza Taggart, æt. 21. Born in this country of Irish parents; of dark complexion and medium height. She states that she has never menstruated, and although she has a monthly menstrual effort or molimen, characterized by headache, languor, pain in the back, and fullness and uneasiness in the breasts, she suffers no inconvenience at any other time.

For this condition of things was discovered, upon examination, an anatomical physical cause, in the fact that she has no vagina, and no uterus, or at least nothing distinctly recognizable as such. In other respects she is well formed, her breasts are large and full, her figure is strictly feminine, and the external organs of generation are perfectly normal, the mons veneris being abundantly supplied with hair.

Just below the meatus urinarius is a shallow fossa or depression, in which no opening or aperture, however small can be detected, and to the sense of touch it gives no evidence of fluctuation, or a cavity above it, but feels quite solid, even on the firmest pressure. By conjoined manipulation, with the finger in the rectum, and a catheter in the bladder, I could feel no intervening body, although Prof. T. G. Thomas, who also examined the case, thought he detected something occupying the usual site of the uterus, which might be an undeveloped uterus, or a mere thickening of connective tissue at the point of coalescence of the oviducts; the ovaries could be distinguished.

Owing to the possibility of their existing a rudimentary uterus, susceptible of developement, and as at least a vagina might be constructed, I determined to perform an explorative and experimental operation, and admitted the patient into St John's Riverside Hospital, Yonkers, for that purpose.

The patient was placed upon a convenient table in a good light, upon her back, in what is commonly called the lithotomy position, and rendered insensible by sulphuric ether; a staff was then introduced into the bladder, and a full-sized rectal bougie into the rectum, and a dissection, extending from just below the meatus urinarius to the posterior commissure of the vulva, was carried slowly and cautiously upward in the axis of the pelvis for four or five inches. No uterus could be found, though diligently searched for; but an artificial passage was formed of the length described, and large enough to admit of the easy introduction of the largest size of Emmet's glass vaginal plug, an instrument somewhat thicker than the ordinary cylindrical glass speculum. There was no hæmorrhage: the plug was retained *in situ* by a T bandage, and the patient put to bed.

For the next four days there was considerable fever, temperature as high as 102°, some tenderness of the lower part of the abdomen, and retention of the urine, the bladder requiring to be relieved by catheter twice a day; every time this was done the wound was syringed out with a solution of carbolic acid.

These threatening symptoms subsided without becoming serious, and the treatment consisted simply in removing the plug once a day, and syringing the wound with the carbolic acid solution.

She was discharged from the Hospital, June 7th, at her own request, the new-made passage showing no disposition to close or contract.

She attended at my office for several weeks after this, and the plug was daily removed, the opening remaining free, and having very much the feeling and appearance of a natural vagina. After a time she ceased her attendance, and became careless in the use of the plug (she broke two or three, but fortunately without injury,) and the artificial canal contracted to some extent, but not very much. No discharge like menstruation, vicarious or otherwise, ever made its appearance.

It may be doubted whether this patient has derived any reasonable advantage from the operation, which, nevertheless, in view of all the circumstances, was perfectly justifiable, nay, even advisable; and in my opinion would have been much more so had she been married, as has been the case in most of the recorded cases of this kind.

Numerous cases of absence of the uterus and vagina, singly or both together, more or less carefully observed, lie scattered throughout medical literature in text-books and journals, waiting to reward the industry of the writer who shall correct and classify them, as Bodenhamer has done the imperforations and deficiencies of the rectum and anus; and I would suggest this useful work to some one who has access to the large libraries, public and private, of a great city. I intended to undertake it myself, and had made some progress; but the want of the necessary facilities has deterred me from prosecuting it further. I know of no publication on the subject except a French work whose title and author I have forgotten.

However numerous may be the recorded cases of this sort, I find very few accounts of operations for their exploration or relief: three such may be found in Eve's *Remarkable Cases in Surgery*, p. 394 et seq., particularly one curious one where the operator literally *drilled* a passage with a bougie and hammer, in which case, though there was no vagina, there was a uterus, and the woman subsequently bore children. I make no further special reference to cases, as they are too numerous to be profitably cited without a full and systematic collection.—*Am. Journal of Obstetrics.*

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THERAPEUTIC VALUE OF GELSEMINUM. Gelseminum (or, as it is sometimes written, gelsemium) is of late attracting considerable attention. It is highly lauded by some practitioners as a nervous sedative, in cerebral congestion, mania, and a great variety of disturbances resulting from disorder of the nerve-centres. We know of one physician who regards it as invaluable in nervous or sick headaches; ten or fifteen drops of the tincture to be given three times daily. The physiological effects of the agent are very remarkable. Even moderate doses will sometimes produce a peculiar, heavy sensation in the forehead, with partial paralysis of the levator muscles of the eye-lid, so that it is difficult to keep the eye open. We have employed it frequently for a number of years, often with benefit, but certainly not with such happy results as some others ascribe to it. The following formula will be found valuable in hysterical and functional disturbances of the nervous system :

℞. Tinc. valerianæ ammon., oz. i ;
Tinc. gelsemini, dr. i.
M. Sig. A tea-spoonful p. r. n.

Some of our druggists prepare an ammoniated "elixir" of valérian, which is better than the officinal tincture, in being much less disagreeable.—*Pacific Medical and Surgical Journal.*

EXCISION OF THE ELBOW JOINT FOR ANCHYLOSIS IN THE STRAIGHT POSITION.

Dr. Fenwick, in the *Canada Medical Journal* for July, reports the following case: Zoe D., aged 18, a delicate looking girl, came as an extern to the Montreal General Hospital on the 25th April, 1871, suffering anchylosis of the left elbow joint, caused by dislocation of the bones of the forearm backwards; the arm was in the straight position; there was slight rotatory motion, but flexion and extension were impossible.

On the 1st March the patient was thrown from a carriage, lighting on the left hand. She was seen by a surgeon, who told her that her arm was broken; no attempt at reduction was attempted; it was put up in the straight position, with a splint leading from the axilla to below the fingers, and was maintained in this position for a period of forty days. When the splint was removed the arm was found fixed and useless. The house surgeon, Dr. Ross, on examining the case, discovered the nature of the accident, which was quite apparent. The condyles of the humerus lay in front, forming a large prominence; the olecranon process was backwards and upwards, and the head of the radius could be distinctly felt rotating to the outer side, above and behind the external condyle.

There was great fixity and rigiditv of the limb. She would not submit to any manipulative interference, and left the Hospital. She returned again on the 28th April, when Dr Rieddy, the House Surgeon, placed her under chloroform, and attempted the reduction, but failed. Considerable swelling followed this attempt, and she refused to enter the hospital, but said she would return in a day or two. She returned on the 1st May, when she was admitted under my care. At that time the joint was swollen, hot, glazed, and could not be handled without much increase of pain. I ordered an evaporating lotion, and decided for the present to abstain from all attempts at reducing the bones.

The arm was placed on a pillow and perfect rest enjoined. At the end of ten days an attempt at reducing the dislocation was made, and as much force employed as I thought prudent. Indeed, after using considerable force, the olecranon process separated with a snap; but the bones still remained unreduced. The limb, however, was semiflexed, a position in which it was retained, as being more advantageous, provided she refused to submit to further operative measures.

Considerable inflammatory action followed, but was in time subdued under perfect rest and the application of a lotion of acetate of lead. Towards the end of May the arm was found in the semiflexed condition, pronation and supination were limited, and flexion and extension perfectly impossible. It was deemed advisable to recommend the operation of resection, as affording the only means of restoring a useful limb. This the patient consented to, and the operation was performed on the 1st June 1871-

An incision was made on the inner side of the arm and forearm and a cross incision cutting outwards opening the joint; the ulnar nerve was carefully raised from its bed and turned aside; the ends of the bones having been carefully freed, the head of the radius and upper fragment of the ulna were first removed; the condyles of the humerus were then treated in the same manner; three small vessels were ligatured. The wound was freely washed out with carbolic acid lotion of the strength of one to forty, water being the menstruum used. Finally the edges of the wound were closed with wire sutures, and dressed with carbolic acid lotion; the arm was supported on a rectangular splint. The ligatures came away on the fourth day; the wound looked healthy; there was union by the first intention in the greater portion of its length on the eighth day, all the stitches were removed, and the discharge was trifling. The case progressed most favourably. On the 22nd June, exactly three weeks from the operation, the arm was taken off the splint, and motion attempted. There was considerable swelling in the vicinity of where the joint had been, as though lymph in quantity had been thrown out between the sawn ends of the bones. The firmness was considerable, so that the motions of flexion and extension, pronation and supination, were limited.

In extending the arm about a teaspoonful of fluid, strongly resembling synovia, was forced out through a small opening in the transverse incision. From this date free motion was practised daily.

On the 27th the splint was entirely removed, and the patient enjoined to use the arm freely. This she continued to do. All the motions were more free, and the muscles of the forearm became developed, the arm assuming the plumpness of its fellow. She continued steadily to improve, and left the hospital on the 10th July, promising to return in a few days. On the 17th July she returned, when the motions were found to be perfect. She can grasp an object with firmness, and the limb is increasing, in strength daily.

TREATMENT OF INFLAMMATION OF LIMBS BY CUTTING OFF THEIR MAIN ARTERIAL SUPPLY.

BY DR. S. W. GROSS.

In this paper Dr. Gross first details a case of intense subaponeurotic inflammation of the hand, in which he was forced to take up the brachial artery for bleeding from incisions made by the surgeon.

Up to this time (he says) there had not been any considerable diminution in the severity of the local symptoms, and the gangrene now involved the third and second phalanges of the ring-finger. On the following morning I found that the swelling had declined and that the pain, heat, and purulent discharge had also diminished. In the course of a week the hand had regained almost its natural size, and a distinct line of demarcation had formed on the proximal side of the first phalangeal articulation. Ten days later I removed the offending finger at its metacarpal junction, and in a few days more the cure was perfect.

After giving a history of the subject, he recommends manual compression of the artery as a safer, less serious, and equally effectual method as the ligature. In 1867 Professor Vanzetti, of the University of Padua, proposed digital compression of the main artery for the cure of phlegmonous or articular inflammation of the extremities, and detailed two cases as illustrations of the efficacy of this treatment; one being an instance of bad phlegmonous erysipelas of the arm, cured by compression of the subclavian artery, and the other a case of acute arthritis of the wrist, successfully managed by compression of the brachial artery. So manifest have been the advantages derived from manual compression, that it now forms the ordinary means of treating such cases at the Padua clinic. It need not be continuous, and the patient may be taught to exert it himself. In general it need only be maintained for eight or ten minutes, and after resting, again resumed. Professor Nélation, in a case of inflammation of the hand after a lacerated wound necessitating amputation of the finger, obtained good results from the compression of the brachial artery.

The same principle of practice has been carried out in other ways. Thus Mr. Jackson, of the Sheffield Hospital, subdued an inflammation of the knee-joint, consequent upon a punctured wound, by compression of the femoral artery with a torniquet for forty-eight hours; but the disadvantage of the use of an instrument is obstruction to the venous return. The *Lancet*, December 7, 1867, has briefly noticed "a case of severe traumatic inflammation of the hand, under the care of Mr. Moore, at the Middlesex Hospital, in which the compression of the artery was procured by acupressure. The treatment here was quite successful.

Upon the whole, manual compression is to be preferred to other measures which have for their object the arrest of the circulation in badly-inflamed parts.—*Medical Times.*

TRANSPLANTATION OF SKIN.

BY PROFESSOR G. H. B. MACLEOD, UNIVERSITY OF GLASGOW.

In the *British Medical Journal* for April 1st, I have entered pretty fully into an account of the results obtained in my wards from this most interesting proceeding. I shall very shortly recapitulate the practical teaching of the observations made. The object, of course, held in view is to multiply the centres of cicatrization over a large open granulating surface, so as to hasten closure, diminish contraction and deformity, and provide a stronger and more elastic covering for the part. To accomplish skin-grafting we must attend to the following points:—

1st. The surface on which the grafts are to be placed must all present the characters of a "healing sore." The granulations must be sound and viable.

2nd. The graft does best when it is about half the size of a threepenny-piece. It should be composed of pliant, sound skin. Scrapings of epidermis have not succeeded with me, though their presence on the sore has sometimes seemed in a curious manner to augment the cicatrizing activity of the edges. A thickness of tissue does best, which, while it includes the "stratum malpighii," and as much of the corium as serves to give it consistence, is yet pliable and thin.

3rd. The graft is neatly spread out on the *undisturbed* granulations by means of two needles, and fixed by a strip of adhesive plaster, so cut, that while the ends are broad, to get a good hold, a narrow portion only partially covers the graft, and so we are enabled to watch it.

4th. No dressings are used, as all contact is carefully avoided for fear of displacing the graft. No application was made to the sores, nor alteration made in the patient's diet, &c.

5th. For some days (4 to 23) no change occurs, and then the transplanted portion begins to grow; or, what is very common, the graft desquamates, and we suppose the experiment has failed, when lo! from the place of its insertion, a little island of epidermis appears and spreads around. Non-irritating dressings may then be applied safely to the surface.

6th. The general health of the patient closely affects the progress and growth of the grafts, and so will demand supervision. If any derangement of the system occurs the growth of the graft may be arrested for weeks.

7th. Grafts from one person succeed perfectly on another. Mr. Lees, one of my dressers, supplied several, which grew well on a patient operated upon.

8th. I tried in two cases, and in one succeeded in a very remarkable manner in healing granulating ulcers, by covering them thickly over with the serum from a blister raised by cantharides. In the succesful case, a sore which had for months resisted every kind of treatment (being a "menstrual" ulcer), was closed to a point by this plan in 3 days. Further experiments will be made in this direction.

As a good example of what can be accomplished by transplantation, I will, in conclusion, relate one case. A laborer of 32 years of age had his foot crushed between two iron rollers, all the metatarsal bones being broken across, and the integument entirely peeled off the whole anterior surface of the foot, while the sole was so separated from the underlying parts that the hand could be passed under it. The foot was so cold and discolored that I scarcely doubted but that gangrene would set in, and the question of primary amputation was for a time entertained. In a day or two things began to improve under carbolic oil dressing, and a good position. The whole that remained of the coverings of the dorsum of the foot with the toes eventually came away, and a large hard surface, in which the tendons lay exposed, remained. The sloughs were carefully and gently removed as they became loose, and the patient's general health was well taken care of. Feeling convinced that the utility of the foot would be all but destroyed if the wound was allowed to cicatrize in the ordinary way, and that at least it would be a very long time before the wound could close, I ingrafted six pieces of skin with the happiest effect, as from each an islet of epithelium extended which, in eight weeks from his admission, entirely covered the denuded surface with a distendible, pliant, and firm skin, which occasioned no abnormal contraction, nor any deformity, and thus the part was restored to its pristine condition—a result which was quite unattainable, so far as my experience goes, without such aid as was got from the ingrafting. I may add that, independent of its practical value, skin transplantation suggests many most interesting questions for the contemplation of hospital surgeons.

MR. POLLOCK'S CASE OF SKIN-TRANSPLANTATION.—Those who have been awaiting with interest the result of Mr. Pollock's experiment of transferring portions of skin from a negro to a granulating surface in a white subject, will read with regret, in one of our hospital reports of this week, that both the pieces of pigmented skin have been lost in conseqence of some unexpected and unaccountable sloughing which attacked the cicatrix of the wound. By this unfortunate accident Mr. Pollock is compelled to postpone until another opportunity presents a histological investigation, which promises results of great physiological interest. The experiment had, however, already demonstrated the power of black skin to reproduce itself in a white subject by the developement of pigment in the new skin which it propagated. Mr. Pollock thinks it just possible that the sloughing may have spared a few living pigmented epithelial cells; if so, they may be expected shortly to give evidence of their presence. —*Lancet.*

A NEW OVARIOTOMY CLAMP.

By B. F. Dawson, M.D., New York; attending Physician to the New York State Woman's Hospital, &c., &c.

The operation of ovariotomy is rapidly attracting increased attention, and while but a short time since it was performed by a few surgeons, we now hear of its being undertaken by many young and inexperienced physicians with the boldness of old ovariotomists.

Notwithstanding, however, the frequency with which the operation is performed, and the consequent progress made in the procedure itself and the after-treatment of the patient, yet it cannot be denied by any one who studies the subject but that much, very much, remains yet to be learned, before it can be classed amongst the perfected operations of surgery.

Even yet, some of the eminent ovariotomists of Europe and this country are at variance as to many of the most important points in the operation, for instance, as to the treatment of the pedicle, whether it is best to ligate and return it or not into the peritoneal cavity; to clamp it, and keep it external to the abdominal wound; or to dispense with both ligature and clamp, by substituting the écraseur, the actual cautery, or laceration.

The proper treatment of the abdominal incision is also a mooted question, the majority advising immediate and perfect closure, while a few, and not the least distinguished, advocate the practice of leaving a small opening, to allow the exit of septic gases and material, and the advised washing out of the peritoneal cavity.*

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* See Prof. E. R. Peaslee's paper on "Injections into the Peritoneal Cavity after Ovariotomy," Vol. III., No. 2, p. 300, *American Journal of Obstetrics.*

Although there exists such difference of opinion in regard to the treatment of the pedicle, yet the majority of the distinguished ovariotomists are becoming more in favor of clamping the pedicle than of ligating it, and some have given the most conclusive proofs of the former in the statistical results of their cases (Spencer Wells, Thomas, Atlee, &c.), by far a greater number so treated recovering, than where the various forms of sutures are used, and the pedicle returned into the abdomen.

The advocates of the latter method, as well as those in favor of the clamp, have been active in endeavors to perfect each detail of the individual methods, and have given us as results varieties in ligatures as regards material and application, and clamps of different principles and special peculiarities.

As it is not my purpose in this paper, however, to discuss the various methods of treating the pedicle, but only the application of the clamp, and especially one possessing new principles, I will pass immediately to the subject.

The object of all clamps is to so compress and retain the ovarian pedicle as to perfectly control all hæmorrhage, either temporarily until the ligature is passed, or permanently, without the latter, as the operator may desire.

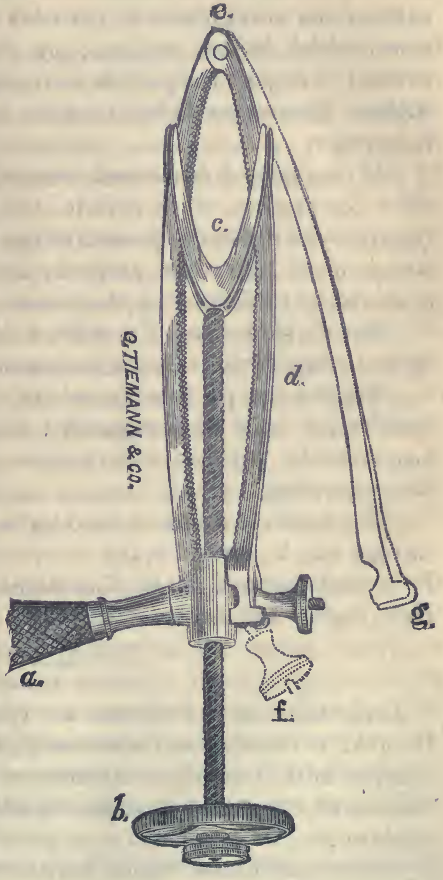
With one exception (Atlee's clamp), the principle of action of all clamps is the same—compression of the pedicle between two parallel arms of steel, which are brought into co-aptation by two screws, or a hinge and screw combined. Such instruments compress the tissues in but two directions, and thus allow them to spread more or less between the bite of the clamp, and this very spreading of the pedicle is somewhat essential for the proper closing of the clamp.

Now, two great objections seem to me to be attached to this *spreading* of the pedicle: 1st, it must somewhat prevent (perhaps only in a slight degree) *perfect* ligation of the pedicle by any of the various ligatures, for, after ligation, that portion between the ligature and clamp is spread out in a fan-like manner, and therefore offers unequal resistance to ligation; and, 2d, if the clamp only is used, the pedicle expands transversely to the wound, and thus prevents sufficient approximation at the point where it is situated.

The above conclusions have been arrived at after having been present and assisted at some sixteen operations for ovariotomy, performed respectively by Drs. T. Addis Emmet, T. G. Thomas, E. R. Peaslee, Joseph Kammerer, John Byrne, and Stephen Merritt.

To overcome one of these objections, Dr. Washington L. Atlee, of Philadelphia, has recently invented a clamp "to limit, within certain points, the expansion or spreading of the pedicle when the blades of the clamp are screwed together."*

By his clamp the pedicle is compressed in four directions, and thus made to occupy a very small space in the abdominal wound. This one has certainly great advantages over other instruments, but, as its mechanism is somewhat complicated, there is yet an opening for further improvements.



I will therefore call attention to a clamp of entirely new action which I have recently had made, and the mechanism of which is exceedingly simple.

The principal features of this clamp are: 1st. It compresses the pedicle in a uniform manner and into as small a compass as may be needed; 2d. The compressing force is exerted by a single screw; 3d. Its application around a pedicle is quick and exceedingly simple; 4th. With it a ligature can be passed directly around the compressed portion of the pedicle, and be made more secure than with other instruments; 5th. Ecrasement could be performed if it were desirable.

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* *Am. Journal Med. Sciences*, April, 1871, page 370.

In the accompanying woodcut, the clamp is seen locked, and in the act of compressing a pedicle, if we imagine the wheel (*b*) to be turning. By the turning of this wheel the slide (*c*) is slowly pushed up towards the joint (*e*), and thus the tissues are constricted to any requisite degree in an elliptical manner.

In applying the clamp, the arm (*d*) is to be opened by unscrewing the nut (*f*), and then passed around the pedicle and closed again, and made fast as before, the slide (*c*), having previously been screwed back towards the handle.

If it should be determined to ligate the pedicle, the clamp is to be armed, beforehand, with the ligature, by passing it between the lower blades of the slide and the arms of the instrument, which is then applied; by this means the ligature is enabled to engage the pedicle as tightly as may be desired, and without any strain being brought upon it until the clamp is removed.

If the clamp is to be used instead of the ligature, after sufficient compression of the pedicle, the handle (*a*) and the wheel (*b*) are to be removed by unscrewing them, which renders the clamps much lighter and perfectly flat, so that no inconvenience is caused by its resting on the abdomen.

The dotted outlines (*g*) in the cut show the arm of the clamp opened ready for application, and need no particular explanation.

Besides the purpose for which this clamp was originally designed, it may advantageously be used in the removal of hæmorrhoids, portions of the tongue, penis, scrotum, and extraneous growths.

The entire instrument is so light, compact and small, that its case may be carried in the vest-pocket without inconvenience. It is manufactured by G. Tiemann & Co., 67 Chatham Street, New York.—*Am. Journal of Obstetrics.*

TREATMENT OF GONORRHŒA BY WARM WATER INJECTIONS.—Dr. John O'Reilly (*Am. Practitioner*), in recommending warm water injections in the treatment of gonorrhœa, says that the subjoined conclusions may be drawn from his experience: 1st. That gonorrhœa yields to local treatment, and even water injections. 2d. That water injections or medicated lotions owe their efficiency to their frequent application. 3d. That the common small syringe should be done away with in treating this disease, and none used but those throwing a continuous stream. 4th. That large injections, by fully distending the mucous membrane of the urethra, insure a speedier cure than those less copious.

TWIN LABORS.

FIRST CHILD PRESENTING NATURALLY, PLACENTAL PRESENTATION WITH THE SECOND. BY JOHN BRUNTON, M. A. M. D., SURGEON TO THE ROYAL MATERNITY CHARITY.

THE narrative of the following cases will, I think, on account of their rarity, be of some interest to this Society. Cases of placental presentation and their treatment, successful or unsuccessful, ought always to be recorded. If successful, our guide to treatment is established; if unsuccessful, we are warned as to the dangers which we might meet any day.

CASE I.—On the 28th day of December, 1867, I was sent for to attend Mrs. H———, æt. 28, in her fifth confinement.

When I arrived I found that the liquor amnii had escaped with a gush, followed by the head of the child. The next pain, delivered the child, and then ensued a tremendous gush of blood, the loss of which caused my patient to faint. I at once grasped the uterus with my left hand, and on doing so discovered the uterus to be large, and evidently containing another fœtus.

Examination, per vaginam, disclosed placental presentation with the second child; the vagina was full of blood, and a considerable stream was coming away.

I at once slipped my left hand past the placenta, through the membranes, into the uterus, turned the child and delivered it. The placentæ were delivered in a few minutes; the mother rapidly recovered the shock, and ultimately did well. There was no succeeding hæmorrhage; the second child was born alive, and is alive now—the first was dead. One of the placentæ, for there were two, was covered with clot, indicating previous separation. There had been no hæmorrhage before the birth of the first child. The children were females, each in its own set of membranes.

CASE II.—On the second day of December, 1869, at six o'clock, I was sent for to Mrs. F———, æt. 29. She was in the eighth month of her second pregnancy. On arrival I learned that she had had diarrhœa, and when at the closet she felt a rush of fluid issuing from the vagina; on getting upstairs to examine herself, she found that it was blood. She had been bustling about a good deal that day.

On examination I found the vagina full of blood, the os uteri closed, and that there was no labor. I administered an opiate, ordered her to keep still in bed, and to send for me if the bleeding came on again.

At 10 P. M. I was summoned; the hæmorrhage had set in alarmingly about a quarter of an hour before. As she lived close to my house I was present with her in a few minutes. She had a little uterine pains.

On examination I found blood coming away rapidly, the os uteri the size of a crown-piece, with a bag of membrane protruding. Introducing my hand into the vagina in order to make a proper search for the placenta (for the child was still above the pelvic brim, vertex presenting), I could not find it, though I passed my finger well into the uterus and round the neck. As the hæmorrhage still went on, and there was a dilatable os with a little labor-pain, I gave a full dose of ergot, and ruptured the membranes. The hæmorrhage at once ceased; by manual dilatation, accompanied by abdominal frictions, I delivered a dead male child at 10.45 P.M. The delivery was succeeded by great hæmorrhage. On endeavoring to ascertain the cause of the hæmorrhage, I found the uterus large and only partially contracted, and that evidently another fœtus was in it. On examination, per vaginam, the os uteri was filled up with the placenta, which was partly adherent; I introduced my left hand, detached the whole placenta, and brought it out on the bedside. It was double battledoor and clotted over half its extent, as in the former case. On the removal of the placenta the hæmorrhage at once ceased. By stimulating the uterus to contract by means of abdominal frictions, a second child was soon born (in about five or six minutes), wrapt in its membranes. The child was alive, and lived thirty-six hours. The uterus contracted well, and the mother has done admirably.

Twin males in separate sacs.

Remarks.—First of all, whence the hæmorrhage? Evidently from the uterine sinuses which were left open in the semi-contracted state of the uterus after delivery of the first child. In both cases the hæmorrhage might be called accidental. In the first case, probably the hæmorrhage was in utero before the birth of the first child, and was concealed accidental. In the second case the hæmorrhage was early, and, as the placenta could not be found on examination, we might call it pure accidental.

Secondly, what about the placenta? In the first case we may conclude that the placenta of the first child had been separated during labor, and not before, as there is no history of strainings or hard work in this case. That this is probable is borne out by the history—sudden fainting of the mother, great hæmorrhage, and dead child, the second being alive.

In the second place, where there was one placenta, or, more properly speaking, two placentæ joined into one, it is probable that the mother caused separation of that part of the placenta belonging to the first child some time before labor set in; and it is very likely that the previous detachment of part of the placenta, aided by pressure of blood-clot and utarine contractions, caused the whole placenta to be detached and to slip down or turn over upon the os uteri. I have mentioned that I felt the placenta partly adherent; this adhesion was in all likelihood membranous. It is interesting in this case to find the child alive, even though the placenta was so long on the bedside.

Thirdly, I have said that the placenta presented with the second child. I do not mean to say that these cases were such as are usually denominated placenta prævia, where the site of the placental attachment is partly or wholly over the os uteri, but only that a condition existed, belonging to both cases, viz., that on examination there was extensive hæmorrhage, and a placenta occupying the os uteri.

Such cases as I have narrated are extremely rare; I have searched the works of numerous obstetricians, and have been unable to find such.

Dangerous as accidental hæmorrhage is, and more so accidental concealed, I should say that hæmorrhage arising from causes such as I have narrated is much more dangerous, because, when one child is in utero, we usually get good uterine contractions set up, and consequent closure of the mouths of the uterine sinues; but, in cases of twins, there is often a considerable period of time between the birth of the first and the second child, and so we can easily see the extreme danger that might arise were the first placenta to become detached, and the uterine action to cease. One can fancy with horror such a case.

Now as to treatment: I did not lose any time when the urgent symptons were declared. In the first case I "turned and delivered," giving ergot, and stimulating the uterus to contract by manual frictions over the abdomen. In the second, I followed Professor Simpson's plan, and detached the entire placenta, and followed out similar secondary treatment to that in the first place. (*Trans. London Obstet Society.*)

REMARKABLE LOBULATED TUMOR OF LABIUM, UNDER THE CARE OF DR. HENRY A. GRIME, Blackburn. Reported by Mr. JOHN AIKMAN. (*Glasgow Medical Journal*, Feb., 1871.)

OCTOBER 3rd, 1870. M. G. Pigeon Hall, Mellor, aged 41 years, has suffered for some time from an enormous tumor of the right labium majus, of which the following is the history and description. The patient has always enjoyed excellent health. During the excessive heat of the past summer, the size and weight of the tumor gave rise to some symptoms of general debility: never, however, so great as to prevent her following her usual occupation—that of a washerwoman. Beyond occasional difficulty in micturition, it has caused no inconvenience. She is unmarried; but nineteen years ago bore an illegitimate child.

Described generally, the mass consists of a number of tumors attached to one another, or to a common pedicle, which, in its turn, is attached to, or rather lost in, the right labium. Three of the larger ones are attached to the pedicle in a plane from before backwards; of the smaller ones, two are situated on the inner and one on the outer side of the larger ones close to the pedicle.

The anterior of the larger masses seems to have been the first in order of growth. It is now between six and seven years since she first noticed it as a hard lump on the skin of the labium. Since then its growth has been slow, but regular, and never at any time attended with pain. Its present length, from the root of the pedicle, is 13 inches; its greatest circumference 25 inches, and its length from the common pedicle 10¾ inches.

The second mass in order from before backwards, as well as in order of growth, took its origin from the inner side of the neck of the first growth, after its predecessor had attained a considerable size, though the exact date cannot accurately be stated. It is the smallest, and at the same time the most perfectly nodulated and firm of the larger growths. From the root of the pedicle to its extremity, it measures 10 inches, while its greatest circumference is 11 inches, and its actual length from its origin in the pedicle 5¼ inches.

The third and posterior of the large growths took origin about six months ago from the pedicle at the posterior outer angle of its junction with the preceding tumor. It is the most perfect pyriform of all, and its growth has been the most rapid, having already attained the following dimensions: From root of pedicle to the extremity of the mass, 17¾ inches. Actual length from neck, 9 inches. At the distal extremity of this tumor there is an ulcer about the size of a crown-piece, with perpendicular edges, glazed on the surface, and discharging a little imperfect pus. It commenced as an abrasion, and has gone on ulcerating, never showing any attempt at healing.

The smaller tumors are situated as before indicated, and vary from 3 inches by 2 to 1½ by 1. They have not as yet developed distinct pedicles, but seem buried at their bases in the common attachment.

The surface of the tumors has the appearance of mucous membrane long exposed to friction, and reminds one strongly of the mucous membrane of the vagina, reflected over the uterus in a long-standing case of procidentia. Numbers of veins are seen on the surface, varying in quantity in the different tumors. On paltation, the superficial parts of all the tumors feel soft and fleshy, while the deeper parts are hard, fibrous, and nodulated, the relative proportions varying in the different tumors. All of them beyond their origin in the pedicle are insensitive.

The pedicle is a flat band, measuring 3¼ inches in breadth at the base, and reaching its narrowest part about 2 inches from the base, where it measures 1 inch less. It is nowhere more than ¾ of an inch in thickness. The surface is moist and rose-colored, partaking on its inner side of the character of mucous membrane, and on its outer of skin. It is sensitive, and this increases as its base is approached. In its anterior third it is soft and skin-like, but the posterior two-thirds are thicker, and contain a firm, fibrous-like tissue intimately connected with the tumor, and lost in the substance of the labium. One large vessel about the size of the radial could be traced in the pedicle by its pulsation, and several smaller ones, but none in the tumors.

October 6th.—The narrowest part of the pedicle was ligatured this afternoon (4 P.M.) It was divided into three portions, by double-threaded needles. Patient suffered a good deal during the operation. Had 1 grain mur. morph.

7th, 4 P.M.—Dr. Grime visited patient, and found her in a state of very great danger from shock, almost pulseless, lips pale, surface cold, etc. It appeared, on inquiry, thut she had suffered exceedingly for some hours after ligature. To have brandy and beef-tea freely. The tumor was black and perfectly dead.

8th, 4 P. M.—Great improvement. Tumor was removed by knife below ligatures, and cloths, soaked in perchloride of iron, applied to the cut surface. On removal, although much decomposed, it weighed 16½ pounds.

9th, 4 P. M.—Very much better.

12th.—Still improving: appetite returned. The small portion of the pedicle left has withered. None of the ligatures are as yet loose.

All the ligatures but one cut their way out in about fourteen days, and the last was removed at a later date.

November 30th —Patient is long since well, and has been following her occupation as previously. The parts are all cicatrized, and the portion of the pedicle left much decreased in size, and apparently undergoing absorption.

◆

TREATMENT OF CHOREA BY HYDRATE OF CHLORAL:—Dr. Althaus in the *Medical Times* and *Gazette*, says:—If patients suffering from chorea are placed in favourable general and hygienic circumstances, and a tonic is given at the same time, recovery is the rule. For six months past the cases of chorea which have come under Dr. Althaus's care were so divided that the first was treated with chloral, the second with zinc, and the third with the ferro-arsenical mixture. Excepting one, they all recovered within from three to ten weeks, there being a slight difference in favor of chloral. The one exceptional case was that of an adult male, aged thirty-two, who suffered, in addition to the chorea, from epileptic seizures; his father had suffered from epilepsy, while his mother had been highly hysterical, so that the case was unfavorable from the first. The chorea came on when the patient was seven years of age, and has rather increased than diminished of late, having resisted a variety of remedial measures. It is now most severe in the lower jaw, whereby the patient is often prevented from speaking, being only able to ejaculate, as it were, single words at intervals. In the hands it is sometimes so bad that the pati entcannot feed himself, and the legs are often so unsteady that he falls on his back when he attempts to stand or walk. After bromide of potassium, arsenic, zinc, silver, gold, and other nervines had proved ineffectual chloral was given, with the following results: Doses of ten grains twice or three times a day act as a temporary stimulant; the patient feels fresher, steadier, and better able to exert himself. From twenty to twenty-five grains produce, apparently, attacks of *petit mal* and great torpor of the brain for several days consecutively. As the patient cannot take any alcoholic stimulants without immediately feeling an increase of unsteadiness, and greater liability to epileptic seizures, he finds the stimulant effects of the smaller doses of chloral extremely grateful. These effects, however, are quite temporary, and do not extend beyond four or five hours after the dose has been taken.

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of every Month.

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports o cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto*

TORONTO, OCTOBER 2, 1871.

CUNDURANGO BARK.

We have just received a letter from Bliss, Keene & Co., 60 Cedar Street, New York, in reference to this new remedy for cancer, syphilis, &c. They are now prepared to supply the Bark to a limited extent, at the rate of $30 per lb, in quantities of not less than ½ lb packages. Dr. Bliss, the senior member of the firm, promises to write us soon and give his experience thus far with the new remedy.

We hope to receive ½ lb of the ground Bark in a few days, and we will seize the first favorable opportunity of testing its value in the treatment of cancer. The Doctor states in his letter to us that it is not a panacea, but a wonderful remedy, and his faith in its value is daily increasing. The cases of cancer that have most rapidly improved are those of Scirrhus, Epithelial and Cauliflower varieties. The Fungus Hæmatodes yields more slowly to the remedy. He also states that from the experience of eminent Physicians of Quito, and his own knowledge of its efficacy thus far, it is quite as reliable a specific for Cancer, Syphilis, and other blood diseases as Peruvian Bark and its alkaloids have proved to be in Zymotic diseases. The following are the directions for its preparation and use :—

Weigh out one half ounce of the powdered bark, place it in a vessel, pour upon it twenty-four tablespoonfuls of cold water, cover it and let it stand one or two hours ; then place it over a slow fire, boil until the decoction is reduced to one half the original quantity, strain and place it on ice, or in some cool place, to prevent fermentation.

Dose for adult, two tablespoonfuls, before taking food, children in proportion to age.

The effects of the remedy will not ordinarly be apparent until a period of five to ten days has elapsed, when usually the typical symptoms of the disease begin gradually to subside; if they do not, the dose should be increased, and if necessary four tablespoonfuls may be taken; if taken by aged or feeble persons, the remedy will occasionally produce muscular languor, when the dose should be lessened and graduated according to the necessities of the case.

Persons suffering from great debility should take one grain of sulphate of quinine three times daily, immediately after taking food, for several days consecutively, continuing to take the Cundurango as before.

If the patient be so reduced as to suffer from severe and exhaustive night sweats, ten to fifteen drops of aromatic sulphuric acid ("sour drops") should be taken in a wineglass of water daily, in the morning, at noon, and just before retiring, with the quinine before directed, when necessary.

If by reason of severe physical suffering the patient has contracted the habit of using opium in any form, it should be withdrawn gradually, as soon as the absence of pain will permit. Great care should be exercised to secure cleanliness of the denuded parts, or ulcers, if any exist, by frequent cleansing, once, twice, or more times daily with warm water. Immediately after each cleansing the ulcer should be thoroughly sprinkled with the powder of the Cundurango bark, made very fine by sifting it through a very fine piece of gauze.

If the ulcers are internal, and can be reached, they should be thoroughly cleansed with warm water, and some of the decoction of the usual strength injected once or twice daily.

The efficiency of the Cundurango injection will be increased by adding, to each four tablespoonfuls, five grains of crystallized carbolic acid.

The patient should, if practicable, take exercise in the open air once daily, and partake freely of nutritious and easily digested food.

Constipation should be relieved by the ordinary remedies. Severe cases, and those presenting special symptoms, should be placed under the care of an intelligent Physician while taking the Cundurango, in order that they may be met and treated by the usual means.

ROYAL MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.

Through the kindness of a Medical friend of this city, we have received the 29th annual report of the above society for the year 1871. This society was founded in 1842. Its object is to afford relief to Medical men under severe and urgent distress, occasioned by sickness, accident, or any other calamity, and also for the relief of widows and orphans of Physicians and Surgeons. In looking over the list of donations and bequests, we observe the names of several men of high professional eminence. The list is headed by a donation of £100 from Her most Gracious Majesty the Queen, and H. R. H. the late Prince Consort. We also find the names of Dr's. Banks, Stokes, Carmichael, Cusack, Butcher, Kingsley, &c., &c., as contributors each to the amount of £100; and upwards. The legacies and donations for the past year amounted to £217, and have been added to the society's capital which now amounts to £14,400. Auxilliary Branch Societies have been established in different parts of Ireland and British India, and the committee draw special attention to the amount of subscriptions remitted this year from their three Indian auxilaries, Bombay, Madras, and Bengal, viz:—£156. The number of applicants for relief during the past year was 91. An analysis of these shows, 12 new applications, 15 Medical men, 72 widows, and 4 orphans. Nine of these were disallowed, and 82 approved. The entire sum given in grants amounts to £965.

We also notice a munificent offer of £1,000 to the society, by a gentleman signing himself "Nemo," on the conditions that £2,000 be raised in donations of not less than £50 each, within the period of six months, and from Practitioners residing in Dublin. In response to this, eight gentlemen have already subscribed the sum of £50 each. Donors of £10 and upwards at one time, or by instalments, are life members.

We have thus drawn the attention of the profession in Canada to this society, for we think that something of this kind should be instituted here. The members of the profession in Ireland, we are sure, are not rich; but they show an earnest willingness to assist each other, which is worthy of all commendation.

CANADA MEDICAL ASSOCIATION.

The fourth annual meeting of the Canada Medical Association, was held in the Laval University, Quebec, commencing on the 13th ult. The attendance was chiefly from Quebec and the Maritime provinces, Ontario being represented by only about five members. The Association continued in session two days; but scarcely any business of importance was transacted further than the appointment of officers for the ensuing year. Dr. Sewell, of Quebec, was elected President of the Association, and Dr. Grant, of Ottawa, Vice-President for Ontario. We have not yet ascertained the names of the officers for the other provinces. The contemplated Medical Act was under discussion, and the first two or three clauses passed; but its further consideration was postponed until the next annual meeting, which is to be held in Montreal.

NOTICE TO SUBSCRIBERS.

We would again most respectfully request such of our subscribers as have not paid their subscription fee to be kind enough to remit the amount at their earliest convenience. Those in arrears for Vol. III., will confer a favor by remitting during the present month. All arrears unpaid after the 1st. of November will be collected through the agency of the Express Company.

APPOINTMENTS, &c.

Dr. J. H. Armstrong, M.R.C.S., L.S.A., late of England, has been appointed Lecturer on Theoretical and Practical Chemistry in the Medical Department of Trinity College.

Dr. W. H. Ellis, M.A., L.R.C.P., Lond., has been appointed Lecturer on Botany in the Medical Department of Trinity College.

Dr. Baptie has been appointed to the Chair of Chemistry in Victoria College; and Mr. E. B. Shuttleworth will give instruction in Practical Pharmacy.

Dr. McCallum, late of Tullamore, has been appointed resident Physician at the Toronto General Hospital. In future, this appointment will be made from year to year.

Dr. Lundy, of Amhershtburgh, has been appointed associate Coroner for the county of Essex.

Dr. J. G. Giles, of the village of Farmersville has been appointed associate Coroner for the united counties of Leeds and Grenville.

Henry Joseph Murphy, M.D., of Chatham, has been appointed an associate Coroner for Kent.

BOOKS AND PAMPHLETS RECEIVED.

NEW REMEDIES. A Quarterly Retrospect of Therapeutics. Pharmacy and allied subjects. Edited by Horatio C. Wood, Jr., M.D., and published by Wm. Wood & Co., New York, at $2 per annum,—50 cents each.

The present number comprises 84 pages of reading matter, and contains a great many good selections on Therapeutics, Materia Medica, and Toxicology; also a number of useful prescriptions, formulas, receipts, &c., &c. This publication will be found a valuable work of reference to the busy practitioner, and also of much importance to druggists and others engaged in medicine.

THE CANADIAN MAGAZINE for August. Edited by Robt. Ridgeway. Annual subscription, $2.

This magazine contains a number of well written and very interesting articles from different authors, and is well worthy a place in every household in Canada. In the July number commences a novel, entitled, "HANNAH," from the pen of Mrs. Craik, author of John Halifax, Gentleman. This novel is very interesting, if on no other account than that of its being based on the now famous question of " marriage with a deceased wife's sister."

THE MEDICAL WORLD. A Monthly Journal of Medical Science. Edited by Reuben A. Vance, M.D.; and published by Wm. Baldwin & Co., New York; at $1,50 per annum.

It contains about 40 pages of reading matter, among which are some good selections, and careful, well-written, original articles, on various subjects. We wish our new contemporary every success.

UTERINE CATARRH—a frequent cause of sterility–new treatment, by H. E. Gantillon, M.D., Boston : James Campbell, price 50cts.

The author treats of the causes, symptoms, diagnosis and treatment of this affliction in a very practical way, and his suggestions as to treatment are very good. He appears to have paid considerable attention to this department of medicine, and this work is the result, in a great measure, of his own investigation and practical experience in the treatment of uterine affections.

The Thirteenth Annual Report of the Medical Superintendents, of the Provincial Hospital for the insane, Halifax, Nova Scotia.

COLOR BLINDNESS and its acquisition through the abuse of alcohol and tobacco, by R. H. Derby, M.D., late Assistant Surgeon of Prof. Von Græfe, at Berlin, reprinted from the New York Medical Journal, March, 1871. New York : Appleton & Co.

The American Journal of Obstetries and Diseases of women and children for May, 1871. Wm. Baldwin & Co., Publishers, New York. Copp, Clark & Co., Agents, Toronto : Dawson, Bros., Montreal.

This is the first number of Vol. IV. It is issued quarterly, and has been lately increased in size to 192 pages, making a volume of 768 pages. The present number contains many very interesting papers on obstetrical subjects. Subscription price, $5.00, in advance.

TRANSACTIONS of the Indiana State Medical Society, Twenty-first Annual Session, 1871.

This pamphlet comprises about 240 pages, and contains excellent articles on various subjects connected with medicine, surgery and midwifery, and is well worthy of a careful perusal.

THE OPHTHALMOSCOPE, in the treatment of Epilepsy, by Reuben A. Vance, M. D., Bellevue Hospital. Appleton & Co., New York.

AMPUTATION OF REDUNDANT SCROTUM, in the treatment of Varicocele, illustrated with a new instrument, by M. M. Henry, M. D., Surgeon New York Dispensary, &c. T. W. Christern, New York.

SYPHILITIC EPILEPSY, by Reuben A. Vance, M. D., Bellevue Hospital. T. W. Christern, New York.

THE MODERN OPERATION FOR CATARACT, by R. H. Derby, M.D., Lecturer on Ophthalmology, Massachusetts Eye and Ear Infirmary, Boston.

Reveiw of Darwin's Theory of the Origin of Man, by James B. Hunter, M. D. Appleton & Co , New York.

The Fibrinous Crasis, caused by loss of albumen from the blood, by Rollin R. Gregg, M. D., Buffalo, N. Y.

BOOK NOTICES.

Chemistry.—General, Medical and Pharmaceutical. By John Attfield, Ph. D., F.C.S., Prof. of Practical Chemistry to the Pharmaceutical Society of Great Britain. From the second and enlarged English edition. H. C. Lea, Philadelphia. Copp, Clarke & Co., Toronto.

This manual, which is about the size of Fowne's Chemistry, is intended as a systematic exponent of the general truths of chemistry. The chemical notation of the work is in accordance with modern theories. It differs from other text-books in the following particulars: first,in the exclusion of matter relating to compounds which, at present, are only of interest to the scientific chemist; secondly, in containing the chemistry of every substance recognized officially or in general, as a remedial agent. A few leading properties of the elements are first referred to, followed by a consideration of the relation of the simple and compound radicals. The chemistry of substances naturally associated in vegetables and animals is next considered. Toxicology, and the chemical and microscopical characters of morbid urine and urinary calculi, are next referred to at considerable length.

The subject of chemical notation, atomic weights, and quantivalence is very clearly and comprehensively explained; and numerous tables are given, exhibiting the various reactions in practical chemistry. It will be found a most valuable book for pupils, assistants, and others, engaged in medicine and pharmacy, and we heartily commend it to our readers.

Manual of Midwifery. By Alfred Meadows, M.D., M.R.C.P., Lond., Physician to the Hospital for Women. First American, from the Second London Illustrated Edition. Philadelphia: Lindsay & Blakiston. Toronto: Copp, Clark & Co. Price $3.00

This is a most convenient practical and concise work on the subject of Midwifery. It is specially designed for students; but it will also be found of equal value to the actual practitioner. The Second London Edition of which this is a reprint, has been revised, enlarged, and very much improved. It contains upwards of 90 new engravings, and is furnished with a very full and complete table of contents and index. The first part of the work comprises the anatomy and physiology of gestation and the structure and development of the ovum. The second part embraces the whole subject of pregnancy, its signs and symptoms, and the various deviations from normal pregnancy. The 3rd part considers Natural Parturition and the phenomena and management of natural labor. In the 4th, 5th, and 6th parts the various obstetric operations are treated of, unnatural and complex labors, &c., and lastly some of the principal diseases of the puerperal state are described in such a manner as to impress upon the student the leading characteristies, which should awaken his attention at the bedside. We commend this manual to students and the profession generally.

* * *

A Pleasant Remedy for Sea-Sickness.—There have been suggestions made as to the prevention of sea-sickness, none of which have, to say the least, been found completely successful in practice. The introduction into practice of hydrate of chloral, which produces with certainty sleep for a definite number of hours, has suggested the means of escaping the horrors of a short sea passage at least, and possibly of mitigating the most prolonged horrors of sea-sickness. To go asleep at Dover, and wake to find one's self at Calais, is a plan which, failing other expedients, has in it much promise. An ordinary dose of hydrate of chloral produces sleep usually in a quarter of an hour, and with almost unfailing certainty. Some cases just published by Dr. Doring, of Vienna, seem to show that the value of hydrate of chloral to obviate sea-sickness is very great. It produces quiet and prolonged sleep. In all the instances recorded, it seems to have been of great value, even during prolonged sea voyages, giving good night's rest, arresting violent sickness when it had set in, and stopping the tendency to its recurrence. —*British Medical Journal.*

Iodide of Potassium in Asthma.—Dr. G. Urbee of Kiel states that he has found iodide of potassium of great use, exhibited by itself in asthma, confirming the statements of Hyde Salter, that about one-fifth of such cases are benefited by its use.—*Deutsches Archiv. Fur Klinische Medicin.*

THE

CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. IV. NOVEMBER, 1871. No. 3.

Original Communications.

CASES OF OVARIOTOMY.

BY EDWARD M. HODDER, M.D., C.M., F.R.C.S., ENGLAND; FELLOW OF THE OBSTETRICAL SOCIETY OF LONDON; PROFESSOR OF OBSTETRICS, TRINITY COLLEGE, TORONTO; CONSULTING PHYSICIAN AND SURGEON, TORONTO GENERAL HOSPITAL, BURNSIDE LYING IN HOSPITAL, &C., &C., &C.

To the Editor of the Canada Lancet.

MY DEAR SIR,

Having commenced the fulfilment of a long made promise, I send you the first four of my ovariotomy cases, and shall supply you with additional cases every month, until the whole are published. Numerous calls upon me have prevented my giving them to the profession in any other form than as they are, transcribed almost verbatim from my case book, omitting only such minute daily or hourly details as would make the reading of them tedious.

Believe me, my dear sir,

Yours very truly,

EDWARD M. HODDER.

Queen Street, Oct. 23rd, 1871.

In the September number of the *Canada Medical Journal*, Dr. Craik has published another case of Ovariotomy, operated upon by himself, and I am happy to find that the medical men throughout the Dominion are beginning to record such cases of interest as must daily fall to their lot.

There are still certain points connected with Ovariotomy, which I think are not fully decided upon by operators, and the first to which I shall allude is, the best time for the performance of the operation; or, as Dr. Craik puts it, "whether would it be better to operate early, while the general health and strength were still unimpaired, or to wait until the disease had begun to tell seriously upon both."

The rule which has been adopted by myself, and which I feel disposed to recommend, is not to operate early, for I have seen numerous cases where timely treatment has kept the tumor in abeyance, and ultimately reduced it to such a chronic condition, that for years the woman has been enabled to enjoy life and attend to her domestic duties, with but little inconvenience. Surely, therefore, the medical attendant would not be justified in subjecting his patient to so formidable and dangerous an operation, until he had exhausted the medical means at his command.

On the other hand, when these means fail, and one or more cysts take on rapid development, and the patient begins to lose flesh and strength, I believe, with Dr. Craik, that the sooner the operation is resorted to, the better will be the chances of the woman's recovery. Yet, the truth of this opinion will hardly be borne out by the cases which I am about to publish; for in some of the operations, early performed, the patients did not do as well as several in whom it was postponed until no other hope was left. This important point can only be settled by a faithful record of all the cases operated upon by men who are not ashamed to publish their unfortunate as well as fortunate operations.

The other point not yet fully settled is, the treatment of the peduncle. Mr. Spencer Wells, the most successful operator, and who has performed more operations than any man living, generally uses the clamp, while others still advocate the ligature, the écraseur, or the silver wire.

No universal rule can be applied to these cases, and it would be almost impossible to decide what treatment to adopt, until an examination of the peduncle and its complications enables the operator to determine.

If the peduncle is very short, the dragging and pain caused by the clamp is very great, and the advantages which it may possess, in some cases, is counterbalanced by the suffering of the patient in others. Although I have used it—and with every respect for the opinions of those gentlemen who still continue to use and recommend it—I cannot look upon it in any other light than the remains of—shall I say it?—a barbarous age.

The immediate closure of the wound in the abdominal walls, must lessen the danger to the patient, and I cannot but think that the safest means of securing the pedicle and closing the wound, will ultimately prevail.

Case 1.—Mrs. H., æt. 46, the mother of five children, noticed 14 months ago, after a catamenial period, a fullness in the left inguinal region. As it was not accompanied with pain, she thought little of it until after the next period, when her attention was again directed to it from feeling slight pain in the back and hip of the left side.

On examination she discovered a *lump* the size of a hen's egg,—moveable, hard, and tender on pressure; the pain extending down the thigh. This again subsided, and almost escaped her notice, until the next period, (October, 1859,) when the same symptoms arose, but in an aggravated degree; after which the lump *never disappeared*, although it would increase and diminish as before. Shortly after this she applied to various medical men, some of whom thought it pregnancy, others ovarian, and some a phantom tumor. She was subjected to various kinds of treatment, but irritating ointments appear to have been most in favor. After this period (Oct., 1859) her catamenia became irregular, and the tumor enlarged; but her general health, which had always been good, began to show signs of giving way. She became thinner, and her nights sleepless.

From the cessation of her courses, and from the existence of a tumor, she—with the assistance of her neighbors—persuaded herself that she was pregnant, yet thought it strange that the womb should occupy the left iliac fossa, which it had never done before. Time passed on, little having been done, until she had arrived at nearly the completion of the full term, when finding no movement of any kind take place, that the abdomen was not large, that the tumor would move from side to side, and that there was more or less pain, she suspected that all was not right, and at once applied for advice.

The opinions of the medical men being anything but unanimous, she determined to come to Toronto and place herself under my care.

Oct. 6th, 1860.

Present condition.—She is a woman of average size, dark hair, eyes, and skin, but with a good healthy color in her cheeks; has always enjoyed good health, and is of a very sanguine temperament. Tongue clean, bowels regular, and pulse 72, full, soft, and regular. There is no indication of organic lesion, except the ovary. The tumor occupies the left iliac region, is irregular on its surface, hard and unyielding, reaching as high as the crest of the ilium, and descends into the pelvic cavity, producing by its pressure, at times, difficulty in defecation and frequent desire to empty the bladder; but these symptoms are not so severe and urgent as they were during the first few months, when it occupied the entire cavity. By flexing the thighs on the abdomen the tumor can be raised out of the pelvis, and pushed to the opposite side or up to the ensiform cartilage, without pain, but merely a sense of uneasiness. Its apparent size is 8 or 9 inches long, by five or six wide, and is equally firm in every part. A vaginal examination showed that it was entirely unconnected with the uterus, which organ was perfectly normal in every particular.

Having expressed my opinion, I asked permission to bring Drs. Beaumont and Bovell, who, after a very careful examination, coincided with me in pronouncing the tumor to be one of ovarian origin, very moveable, with few, if any, attachments except the pedicle, and non-malignant.

Under these circumstances we stated that it was as favorable a case for operation as could well be met with; at the same time fully explaining to herself and friends the great risk she ran in submitting to the operation, and the probability of the tumor remaining indolent for many years. Her mind, however, was made up, she was determined, and told us she was prepared to die, and would rather do so a dozen times than continue as she was; and that if we would not remove it she would go to some one who would.

She was accordingly removed from the hotel to the matron's private rooms in the Lying in Hospital, where I knew she would receive the best of care and nursing from that excellent person, Mrs. Winters.

Every arrangement having been made, her bowels relieved by a dose of oil the previous day, and by an injection the morning of the operation, the temperature of the room raised to about 76°, and kept moist by the vapor of water, the operation was performed in the ordinary manner, on Oct. 11th, 1860, in the presence of, and assisted by, Drs. Beaumont, Bovell, Philbrick, and Aikins, and two students.

The incision extended from half an inch below the umbilicus to a short distance above the pubes, dividing the integuments and cellular tissue down to the fascia; this was divided layer after layer, until the peritoneum was exposed. A little delay occurred here in consequence of the effects of the chloroform passing off, and she became restless, though unconscious.

The abdominal cavity was now carefully opened, and the omentum exposed, and a small quantity of high colored serum escaped. The small intestines, notwithstanding the great care taken by Drs. Beaumont and Aikins, kept slipping out of the wound, and as the attempts to restrain them impeded the operation, I determined to envelope them in a flannel wrung out of warm water, which most effectually answered the purpose.

The tumor was distinctly seen, white, shiny, and very firm; there being no cyst except one about the size of a filbert. It was wedged into the pelvis and removed from it with considerable difficulty, although there were no adhesions of any kind except the pedicle. The pedicle was short and could not be brought to the inferior angle of the wound; but was secured by a double whip cord ligature, and allowed to remain in the abdomen,—the ligatures being brought out at the lower end of the wound. The right ovary was examined and found healthy, and after sponging away a few drops of blood, the intestines were restored to their natural cavity, covered by the omentum, and the edges of the wound brought together by six needles passed through the whole of the abdominal parieties, and kept together by the figure of eight suture; the interspaces between the needles were kept in contact by six silver wire sutures, through the integuments only. Strips of adhesive plaster, a pledget of lint, and a flannel bandage completed the operation.

She did not bear chloroform well; instead of becoming quiet and still, she became very livid about the face and head, and the respiration much disturbed; consequently, muscular action took place throughout the whole period of the operation; but which was, nevertheless, completed in twenty minutes.

The shock to the system was not very severe; vomiting being the most troublesome symptom. Two grains of opium were given after the operation, and one grain of opium and two of camphor every hour or two afterwards. She ascribed the vomiting to the opium, which was therefore discontinued on the 12th, and we found that the stomach was intolerant of medicines, and therefore omitted them altogether. She refused to allow the catheter to be passed, but voided her urine freely and without pain. All went on well,—light food being allowed.

Oct. 16. I removed five of the six needles and one silver suture. A small quantity of healthy pus followed the removal of the two lower needles. There is no pain or tenderness, and she feels well.

Oct. 17. Removed the remaining needle and points of suture. The wound firmly healed, except at the lower angle.

Oct. 20. Bowels moved by injection this morning. She has not an ache or pain of any kind.

Oct. 26. One of the ligatures came away to-day; the second on the 28th, with a small piece of the pedicle attached.

Oct. 30. The wound healed, and she walked two miles without assistance; and on the following day—Nov. 1st—she returned to her home in Canada West.

The tumor measured 16½ inches in circumference in its long axis, and 14½ in its short, and weighed nearly three pounds.

To all appearance it was the ovary itself enormously hypertrophied, stroma appearing more clearly fibrous than in its normal condition. The Graafian vesicles being yet traceable, but having undergone the same changes as the gland. It did not contain any fluid, except that contained in the small cyst at the upper and inner part, and which was clear and transparent.

Remarks.—In this case there was no necessity for an operation, at the time it was performed, except that the disease was preying upon the patient's mind, and that having decided, she was determined, *coute qui coute,* to have it removed. When I remonstrated with her, she said, "if you will not do it, I will go to Montreal; if they will not do it there, I will go to New York; if they there refuse, I will go to England; but I will never return home until it is taken away. Under these circumstances, Drs. Beaumont and Bovell agreed with me that we were justified in performing the operation.

In a letter from her husband, dated Nov. 22nd, 1860, he says, "She has not had the slightest inconvenience, pain, or trouble, arising from the operation, but is as active and lively as possible for a woman of her age."

Case 2.—Mrs. S., æt. 38, dark complexion, spare habit, but general healthy appearance, married 15 years. She became pregnant shortly after marriage, but aborted at the third month. In due time she again conceived and gave birth to a healthy girl, now 13 years of age, since which time she has had three living children; the youngest being five years old. She does not remember having had any severe illness, and her recoveries after confinement were good. About 18 months ago she had sharp pain in the left inguinal region, coming on at a menstrual period, continuing for a few days, then subsiding. Nothing was done for it, as she supposed it to be the result of menstruation. As no further return of pain occurred, she thought nothing more of it till February, 1862, when she discovered for the first time a tumor the size of an orange, low down on the left side, moveable, but not painful. This tumor increased with each menstrual period, and again diminished. She has had no pain since the first attack, 18 months ago, and should not have thought of consulting a medical man had not her size increased so much as to induce her friends to suspect pregnancy. Within the last three months it has increased most rapidly, but she suffers no inconvenience except from its weight.

I saw her for the first time on the 17th of November, 1862, when I found her in good health and spirits,

On examining the abdomen, a tumor was discovered, of an ovoid form, reaching as high as the umbilicus, and extending well over to the right side. It was lobulated, elastic, and fluctuation was distinct in two or three points—very moveable, and not tender or painful to the touch. An internal examination showed the uterus perfectly healthy, but displaced somewhat to the right.

The tumor was clearly ovarian and cystic. She was determined on having it removed, and I had some difficulty in inducing her to wait until after the next catamenial period—now almost due—for a consultation. Dr. Small and myself met on the 26th of November, three days after the catamenia had ceased (Dr. Beaumont and Bovell were unable to attend), and after a very careful examination, both external and internal, we stated our opinion to her, explaining the great risk of the operation, and the possible continuance of the disease for many years without material change; but she fairly scorned the idea of postponing the operation. Her mind, as well as that of her husband, having been firmly made up from the commencement. Accordingly she was advised to go to the private ward of the Lying-in-Hospital, where she would have kind care and skilful nursing. Having made all her arrangements, she went to the hospital on Sunday, Nov. 30, 1862, having taken, before going in the morning, Decoct. Aloes, Co. ℥ ij, with Soda Bicarb, ʒ j, which acted two or three times.

Dec. 2nd, 1862. The operation was performed in the presence of, and assisted by Drs. Beaumont, Bovell, Small, Aikins, Woodfull, R.A., Wm. Covernton, and my son, Dr. Frederick Hodder; the ordinary precautions as to temperature, etc., having been taken. The incision extended from a little below the navel to near the pubes. The oozing was allowed to stop, and the peritoneal cavity was opened to the extent of two inches. The tumor was then examined and found to be ovarian, cystic, and free from adhesions. The opening was then enlarged to the size of the external wound, and with a little management the tumor was made to slide out edgeways through the wound. The intestines were kept from protruding by flannels wrung out of warm water, held by an assistant, while Dr. Beaumont supported the tumor. The peduncle was large, and sufficiently long to bring it to the lower end of the wound,—the veins were of enormous size. A double whip-cord ligature was passed through the middle of the pedicle near the tumor, avoiding any large vessel, and securely tied. The tumor was then separated and removed. There was no bleeding; not ℥ ij of blood altogether being lost. The intestines were replaced, covered by the omentum, and the edges of the wound brought together and secured by five needles passed through all the tissues, the lowest needle transfixing also the pedicle of the tumor. Between each needle a point of suture through the integument only was passed; a piece of lint, strips of adhesive plaster, and a flannel bandage, completed the dressings, and the patient was returned to bed. Opium, grs. ij. were given, and at 8 p.m. she had slept for five hours; pulse 84, soft, skin cool, and feeling comfortable in every way except from thirst.

Dec. 6. Everything went on well; she had not a bad symptom. The dressings were removed to-day, and the wound was found united throughout.

Dec. 7. Wound dressed; four of the five needles were removed; no suppuration or discharge of any kind. She complains only of hunger. To have chicken broth, and rice and milk.

Dec. 10. Going on well; the fifth needle was removed on the 8th; wound healed except where the ligatures came out, and there is slight suppuration.

Dec. 13. She has had colic pains through the night, but without tenderness or any unpleasant symptoms. To have Ol. ricini ʒ iv. immediately, and an injection if the oil does not operate. The catamenia came on to-day in their ordinary manner, but a few days before their usual time.

Dec. 19. After the action of the bowels she felt quite well. The first ligature came away to-day, and the second on the morning of the 21st, after which the wound immediately closed; and she returned home on the 24th, quite well, and determined to eat her Christmas dinner with her family.

The solid part of the tumor weighed 5 lbs., 2 oz., and was purely cystic. None of the cysts were large, and they did not communicate. Some contained a thick, tenacious, creamy substance; some a clear albuminous fluid, while one or two were very dark. The tumor lay across the abdomen, the lowest and smallest lobe occupying the pelvis.

Remarks.—Nothing could have been more satisfactory from the beginning to the end than this case, and it fairly represents ovariotomy under its most favorable circumstances. The patient was of good constitution and otherwise healthy; her strength had not been seriously reduced by the disease; the tumor was non-adherent; and what I always value in these cases, she was hopeful and determined.

CASE 3.—Mrs. C, æt. 32, fair skin and complexion, and delicate constitution, the mother of three children—the youngest four years of age—was attacked about three years ago with severe pain in the region of the left ovary, continuing for some time, and was then treated for inflammation of the bowels. She recovered slowly from this attack, but has never since felt as well or as strong as before. Some months afterwards she discovered a tumor or swelling where she had felt the pain, and from the first appearance of the tumor, she has been liable to attacks of a similar kind at intervals of a few months. The pain was supposed to be inflammation of the bowels by the medical man in charge, and she was treated accordingly; but, after a severe attack about twelve months ago, the tumor enlarged rapidly, and fluctuation became apparent.

Feb. 10th, 1862. I saw her for the first time to-day, and although her general health appears fair, she is very much depressed in spirits, and doubtful and desponding as to the result of the operation, and gave me the idea that she had been talked into submitting to the operation, rather than wishing to have it done of her own free will and desire. She was, however, resigned, and urged its performance for the sake of her husband and children. The tumor now reaches the ensiform cartilage, and nearly fills both sides of the abdomen alike, fluctuation being distinct in every part. A careful external and internal examination convinced me that it was a multilocular ovarian tumor, slightly, if at all, adherent, and that the uterus was not in any way involved. In consultation with Drs. Beaumont and Bovell, and at the earnest request of her friends, the operation was decided upon, and Feb. 17th was the day fixed. Accordingly, everything being ready, the ordinary precautions as to temperature, &c., and the patient well under the influence of chloroform, I commenced and completed the operation in the usual manner. There were no adhesions, the pedicle was large and secured by the double whip-cord ligature, and brought to the lower angle of the wound, where it was transfixed by the long needle. The wound was closed and dressed exactly as in the last case, and my patient was removed to her bed. Pulv. opii. grs. ij. were given immediately, and gr. j. was to be given every hour until sleep or drowsiness came on.

17th, 8 p.m. Complains much of pain in the abdomen, although she has had six grains of opium. Pulse 116, small, weak; countenance dejected; speaks but little. Catheter passed and about 6 oz. of urine taken away.

18th. Much the same, slight tympanitis, pain not increased, slept but little. Pulse 120 to 130, weak, skin moist. To have broth and milk alternately.

18th, 7 p.m. No material change; all the symptoms nearly the same. The grain of opium has been continued at intervals of four or six hours.

19th., 9 a.m. Abdomen much more distended and more tender on pressure; pulse very weak, could not be counted correctly; skin moist, somewhat clammy; countenance sunken. Ordered brandy and egg, ammon carb. ex. mist. camph., &c., &c. 8 p.m. Worse in every respect.

20th, 9 a.m. Moribund. She died at 2 p.m., exactly three days after the operation. No post mortem was allowed, as the friends were anxious to remove the body immediately.

The tumor was multilocular cystic, but towards its base, near the peduncle, there was a mass of greyish semi-gelatinous matter, very suspicious of colloid in its appearance. Dr. Bovell very kindly examined it for me, and in his note, with a sketch of the microscopic appearance, he says, "Dear Hodder, I have no doubt that the tumor is colloid; there is a great preponderance of long slender fibre cells, and endogenous cells."

Remarks.—This poor woman never rallied completely, from the moment of the operation to the hour of her death. As I have before stated, I believe that she had become resigned, and determined to meet death, to gratify the wishes of her husband and friends, although convinced of the result to herself. The operation was not more severe than favorable cases usually are; there was no hæmorrhage, there was nothing in fact to account for the depression which followed the operation, except the condition of her mind. The question might be asked—Had the suspicious character of the tumor anything to do with the want of stamina which existed in her constitution? and if so, is there any possible way of diagnosing the exact character of the disease before its removal? I have sought in vain for a single diagnostic symptom, by which we might even suspect, in the early stage of its existence, the presence of malignant disease, complicating cystic disease of the ovary; but, although we may not be able to detect the disease, I am convinced that its presence would so affect the constitution, as to render it less able to bear up against the shock of so formidable an operation.

Case 4.—Mrs. H., æt. 46, the mother of seven children, of dark and somewhat sallow complexion, spare habit, but of uniform good health, discovered a tumor in the lower part of the abdomen, and on the left side, about the beginning of January, 1863. It was the size of an egg, moveable, not painful, shifting from side to side according to her position, and not causing her any inconvenience or pain. She remembers that, for six months before this date, she felt a weight at the lower part of the abdomen when she was ironing or long standing, but, as it caused no other uneasiness, it was disregarded.

In the first week of July, 1863, she applied to me. The tumor was then the size of a child's head of a year old, quite moveable. easily turned from side to side, lobulated, with indistinct fluctuation above, but hard and firm below, and attached to the left side. The uterus was half-an-inch larger than its normal size, but otherwise healthy, and menstruation was quite regular. As the warm weather had set in, I advised her to wait until September, at the same time ordering an aperient pill to be taken when required, and the bromide of potassium three times a-day.

Sept. 15th, '63. The tumor has now acquired the size of the uterus at full term, and fluctuation is very distinct; she has neither pain, tenderness or inconvenience, except from its weight. Her general health is perfect, and she states that she has never been ill in her life. Having met with a patient upon whom I had operated some time ago, she had made up her mind to have it removed, and is desirous that it should be done as speedily as possible. In consultation with Drs. Beaumont and Small, the case was considered a favorable one for operation, and the 1st day of October was the day named for its performance.

Oct. 1st, '63. All preliminary arrangements having been made, the operation was performed at 1 p.m., in the presence of and assisted by Drs. Beaumont, Bovell, Small, Richardson, Staff Surgeon Webb, Dr. Woodfull, R.A., Dr. C. B. Hall, and my son, Dr. F. Hodder, 45th Regt.

The abdomen was unusually tense, and it had increased in size within the last ten days. An incision three inches in length was made mid-way between the umbilicus and pubes, through the abdominal wall down to the peritoneun; this covering was carefully cut through, when the sac of a large cyst was brought into view. There were many adhesions, but of recent date, and easily broken through. A large sized curved trocar was passed into the sac, when a quantity of thick, dark colored fluid, flowed away. When the sac was nearly empty, the opening was tied to prevent the escape of any of its contents into the abdominal cavity, and the extent and firmness of the adhesions more carefully examined. I then found the sac at its upper, anterior, posterior, and right side, almost universally adherent. Fortunately, however, most of them were recent and easily separated by the hand, but a few bands were stronger and partially organized and bound the tumor down to the adjacent parts, and required more careful manipulation. The ivory handle of a scalpel slightly serrated was the instrument I used, and seemed to answer very well, for after long and careful attempts the whole of the adhesions were broken down, and the tumor turned out of the abdominal cavity. I should here state, however, that finding the external wound too small it was extended down to the pubes. The peduncle was long and was secured in the usual manner by the double whip cord; the tumor was then removed.

The other ovary was examined, the abdominal cavity well sponged, a few small clots removed together with some serum which it contained, and the wound closed by passing three long needles through the whole of the coverings, the lowest needle transfixing the pedicle; several points of suture between the needles, together with lint, plaster and bandage, completed the operation, and the patient was placed in bed.

Sulphuric ether was used instead of chloroform, but she bore it so badly that the latter half of the operation was performed without its aid. Three ozs. of brandy were given during the operation, and two grains of opium upon her being removed to bed, although she expressed herself as feeling comfortable, with a moist tongue, pulse 98, soft, and no acute pain, but general soreness. On measuring the fluid and weighing the sac with the small cysts, the tumor was found to contain 33½ pints of fluid and 3½ lbs. of solid contents. In the evening she was comfortable, reaction fairly established, pulse 112, soft and even, tongue moist, and she had dosed several times. Continued 1 gr. opium as occasion required.

Oct. 2nd. Has passed a quiet comfortable night, pulse 120 full but soft. No pain. 8 p.m., doing well, no pain or swelling of the abdomen, respiration easy and tranquil. She bears pressure well and is cheerful, but the pulse is 132. Continue pill as required.

Oct. 3rd. Doing well in every respect, pulse down to 112. To have light nourishment.

Oct. 4th. Slept all night, countenance cheerful and better than before the operation; pulse 104. Chicken broth and other light food ordered.

Oct. 5th. Not an unfavourable symptom. Slept well all night. Continue nourishment. The wound was dressed, the needles removed; union was complete. Opium from time to time has, in this case, acted like a charm; it has kept her quiet, calm and composed, and enabled her to sleep away the time. Its future use is, however, discontinued.

Oct. 12th. The bowels not having acted since the operation, an injection of soap and water was ordered, and acted comfortably.

Oct. 17th. The bowels act regularly without medicine or injections. The first ligature came away. Sat up for the first time. Strength good.

Nov. 2nd. The remaining ligature appears as firm as ever. As she feels quite strong and well, she is desirous of returning to her family, and upon her promising to use every precaution to guard against accidents, she was allowed to do so.

Nov. 14th. The last ligature came away to-day. She is quite well.

Oct. 23rd, 1871. I saw her a few days ago, when she told me she had never enjoyed such health as since the operation.

Remarks—I was somewhat surprised to find the adhesions so numerous, particularly as she most positively stated that she had not felt pain of a severe nature at any time. The recent adhesions occupied the most prominent part of the tumor, and readily yielded to the pressure of the hand, while others were of long standing and broken through with difficulty. I saw this patient in the first week of July, when the tumor was as easily moved from side to side, or elevated towards the diaphragm, as any tumor I ever met with, yet in less than three months, without any inflammatory attack, blow, or other injury, the greater portion of the whole mass was more or less adherent. It is worthy of remark, that large ovarian tumors are frequently found adherent to the under surface of the liver, to the stomach, a great portion of the large intestines, the omentum, the lumbar portion of the peritoneum, and the whole of the anterior walls, but *rarely* to the small intestines.

(*To be continued.*)

SCROTO-PLASTIC OPERATION.

BY J. FULTON, M.D., M.R.C.S., Eng. &c., PROFESSOR OF PHYSIOLOGY, TRINITY COLLEGE, TORONTO.

In the summer of 1869, while practicing in Fingal, Ont., I was called one day in a great hurry to see a patient who was severely injured by a threshing machine. Upon my arrival at the patient's house, a distance of about 5 miles, I ascertained that he had not only received most serious injuries, but injuries of a peculiar and delicate nature. He had been standing astride the tumbling rod at its connection near the cylinder of the machine while oiling some part of the gearing, and that inadvertently his pantaloons and shirt became entangled in the bolts, and drew him down to the rod. Realizing his dangerous position he placed his hands on the rod and with a powerful bound freed himself from his entanglement, at the same time stripping himself of every article of clothing. At first he was scarcely aware of having received any injury; but the hemorrhage attracted his attention, and on examination it was discovered that the scrotum was entirely removed, and the integument of the penis torn from the root and reflected forward over the glans. This was replaced by the bystanders, and he was taken up and conveyed home. The hemorrhage was not great, and very little constitutional shock was occasioned by the injury. Upon examination I found the whole of the perineal region stripped of integument, the scrotum entirely removed, and with it the left testicle, the cord of which was torn from its connection within the body. The right testicle and cord were laid bare, but otherwise uninjured. No serious damage was done to the urethra, and I was able to pass the catheter into the bladder. and remove a small quantity of urine. The remaining testicle being entirely free from any organic lesion, I felt it my duty not only to try and save it, but also to provide it with a suitable covering. True, it might have healed over, forming for itself a kind of integument, but this I felt would be a tedious process and would not form a very good covering when done, and therefore I decided at once to utilize a portion of the integument from the upper and inner surface of the corresponding (right) thigh.

The patient was put under the influence of chloroform and ether, and, assisted by Dr. McLachlin, of Fingal, I proceeded to fashion a new scrotum for the *forlorn* testicle. I commenced the incision at the upper and inner part of the thigh, at the anterior part of the perineal region, and carried it downwards to the extent of six or seven inches, then outwards and upwards towards Poupart's ligament, an inch and a-half external, to the situation of the cord. I then dissected up this portion of integument, which was oval in shape, from six to seven inches long, and from four to five inches wide, taking care not to wound the saphena vein. The flap so formed was next brought over the anterior surface of the testicle, made to surround it, and the edges stitched posteriorly throughout the whole length. A small quantity of adipose tissue was dissected up with the integument, and did good service in preventing any sloughing of the flap. The newly-formed scrotum was connected, as will be seen, by a neck an inch and a-half in width, which was sufficient to insure the vitality of the flap, and was sufficiently large to embrace the testicle comfortably. A small portion of integument was also removed from the left thigh, and brought across the perineal region, in order to facilitate the formation of integument in that part.

This might be considered almost a case of transplantation, although that subject had not as yet been discussed, much less put into practice. The wound in the thigh was partly brought together with adhesive plaster, and the patient put quietly to bed, and opium ordered to be given to allay the pain and procure rest. The stitches were removed on the third day, when adhesion was found to be tolerably complete. The patient made an excellent and rapid recovery. In three weeks' time he was able to move about the house, and in five weeks was able to attend to ordinary business.

I have been induced to report the above case on account of its rarity, and also because the operation I have thus described has never been performed in Canada, so far as I am aware. I have styled it a scroto-plastic operation. The principle upon which the treatment is based is not new; but its application in a case of this kind has not yet been recorded, so far as I have seen, and therefore I felt constrained to place this case on record.

ON RETAINING THE COMMON FLEXIBLE CATHETER WITHIN THE BLADDER.

By A. MACKINNON, M.D., Sarnia, Ont.

Most surgeons, doubtless, have been perplexed and annoyed by attempts at retaining the common flexible catheter within the bladder in cases requiring it. To obviate the difficulty, Mr. Holt, an English surgeon, has added wings to the common catheter which prevent its slipping out. To these wings, Sir Henry Thompson takes strong objections, on the ground that they cause irritation both in the introducing and withdrawal, and thus mercilessly demolishes Mr. Holt's supposed brilliant invention. Sir Henry, however, has a plan of his own. He gets the instrument-maker to introduce into the common catheter a thin German-silver tube about four or five inches long, so that the last six inches of the catheter remain as flexible as ever; also about two inches of the anterior part. It is fastened to the penis by silk cord tied below the glans.

Some years ago I had a troublesome patient six or seven miles in the country. His bladder was paralyzed, consequent upon spinal disease. On one occasion, having introduced a fresh catheter and leaving him as comfortable as circumstances permitted, I returned home, but not to remain long, for a messenger was soon after me, saying that the catheter had slipped out, and that none of the attendants could re-introduce it. On my way back I meditated how to prevent the recurrence of the annoyance the mishap had occasioned, and had the good fortune to hit upon the following expedient, namely, to shorten the stilet five or six inches, which I accordingly did with perfect success. After introducing the catheter, I withdrew the stilet, cut off five or six inches, wound thread tightly around the upper end, (pyramidal shaped) so as to close the extremity completely to prevent the dribling away of urine, and finally tied the catheter to the penis with tapes.

There is probably not a single Holt winged catheter in the Dominion, nor is it likely there is any of Sir Henry Thompson's, but every surgeon has a common flexible one, and can make it answer any purpose by proceeding as above indicated. Had I known the anxieties and perplexities of Mr. Holt and Sir Henry, I should have relieved them of their troubles years ago, by informing them of my method of "Retaining a Common Vulcanized India-rubber Catheter within the Bladder."

REMOVAL OF TUMOR OF THE NECK.

BY CHAS. D. DOIG. M.D., L.R.C.P., EDIN., DENBIGH, ONT.

The extensive vascular apparatus that exists in the neck, more especially in the anterior part, for the carriage and distribution of blood, renders operations in this locality somewhat formidable, owing to the rapid and profuse hemorrhage which is apt to take place.

G. M——, eleven years of age, native of Canada, Ontario, consulted me some time ago regarding an enlargement of the neck. The tumor, which was of considerable size, was situated on the anterior part of the neck, in front of the trachea, and in the vicinity of the isthmus of the thyroid gland. It projected very considerably, and was not only a source of annoyance, but also occassioned considerable difficulty in breathing. It was somewhat spherical in shape, solid to the touch, and with force could be almost isolated from the surrounding parts. The tumor commenced to make its appearance about six years ago, and has kept constantly increasing.

On the 17th of July, 1871, having produced complete insensibility to pain by means of chloroform, I proceeded to the operation. I made a sufficient incision in the middle line of the neck, over the tumor, seized it with forceps, and with a few strokes of the knife, completely removed it from its attachment. Three small bloodvessels were divided by the knife,—these bled freely: one of them only required the ligature. I brought the edges of the wound together and applied two stitches to keep them in apposition. The peculiar feature of this case was, that no more than a large teacupfull of bloood was lost in the operation. On section the tumor presented the appearance of a gland in structure. It was spherical in shape, and measured more than an inch in diameter. It had an outer capsule not easily separated, and seemed to consist of several smaller lobes.

In a science where ascertained facts are much preferable to conjecture, however plausible, it is pardonable to enquire, what was the origin of this tumor? Whatever answer may be given regarding its true nature, it would appear that a portion of the thyroid gland became accidentally isolated and assumed a separate existence, and increased in size, deriving its support from the general circulation through the arterial twig which I ligatured.

SEQUELÆ OF TYPHOID FEVER.

BY A. ARMSRONG, M.D., ARNPRIOR.

I was called some time ago to see a man named Edward Gorby, who was suffering from typhoid fever. The fever ran its usual course, and presented no special features worthy of notice. The patient was a very delicate young man, and was much reduced by the attack. After the fever ran its course and, when he was just beginning to recover, his left leg began to swell, and became very painful. The pain extended along the back part of the leg, and also in the groin. At first when the pain set in, in the groin and hip, I thought my patient was attacked with morbus coxæ. However, as the case advanced, I saw that phlebitis was the true nature of the disease. I treated him with tonics and generous diet, as he was very emaciated and weak. I also gave diuretics, such as Pot. nit., Pot. acet., Sp. aeth. nit. Ordered the limb to be bandaged, and poultices of bran and vinegar, with hops to be applied and changed often enough to keep up heat and moisture. The limb began to improve, and, in a short time, recovered itself; but no sooner had this taken place than the opposite limb was similarly attacked. This limb was treated on the same principles, and both limbs are now nearly normal. On my last visit I ordered the feet to be bandaged, and tinct. iodine applied once or twice daily.

I am inclined to think that the attack of phlebitis was caused by the absorption of the poison from the abdominal viscera, as the pain and swelling first appeared in the groin in both limbs. I saw a child that was similarly attacked a few days ago. The skin was very clear, and the very dark color of the veins on the abdomen and limbs was so apparent for some days, that the mother became very much alarmed, imagining that mortification had set in. The child is, however, I am happy to say, rapidly recovering, and the discoloration gradually disappearing.

OVER-GROWN CHILD.

While on a professional call last night, after leaving the room occupied by my patient, I was attracted to a cradle by the immense size of a child's face. After looking over the child, I remarked that it was the largest I had ever seen. On my visit to-day I was determined to take some measurement of it, and forward to you.

The child, Thos. White, son of John and Elizabeth White, of the Township of Pakenham, born on the 13th of February, 1871, is to-day 7 months and 22 days old, and weighs 40 pounds; is fair complexioned, and has blue eyes. The child is apparently healthy. His hair is coarse and strong, and he looks manly and intelligent. His bones are largely developed, and his flesh is pretty solid and firm. He was very small when born; is not a great eater, yet nurses well. I took the following measurements:—head measures 17 inches in circumference, above the ears; 22 inches around the chin and occiput; height, 2 feet, 4 inches; circumference of chest, 2 feet; circumference of body (abdomen), 2 feet, 4 inches; arms, 13½ inches long, including hand and fingers; circumference of upper arm 9½ inches, fore-arm 8½ inches; middle finger 2 inches long; length of leg 13 inches, length of foot 5 inches, circumference of thigh 16 inches, calf 10½ inches.

About 2 months after the birth of the child, the mother brought him into my surgery, to consult me concerning his then state of health. She informed me that he had not slept well for several nights, was very restless, and required constant attention. He appeared to suffer pains which I supposed to be *growing pains,* as old ladies term them. He also appeared to suffer from asthma. I perscribed some simple remedy, which had the effect of not only relieving the asthmatic breathing, but caused him to rest well. I may also state that the mother is a sufferer from asthma, and had a severe attack, complicated with bronchitis, during her pregnancy with this child.

A. A.

CORRESPONDENCE.

To HENRY STRANGE, ESQ., M.D., *Registrar of the College of Physicians and Surgeons of Ontario, Hamilton.*

108 BAY STREET, TORONTO, 3rd October, 1871.

DEAR SIR,—The action of the majority of the Council of the College of Physicians and Surgeons of Ontario, on the last evening of the meeting in Toronto in June, has led to the very general belief in our section of the profession, that our continuing to act in concert with the members of the "General" School will not lead to beneficial results; and that it will be better for our body and for the Eclectic School also, that the connexion should cease. I am instructed to take immediate measures to apply to the Parliament of Ontario for the repeal of the "Medical Act," and to ask either for the re-establishing of the Homœopathie and Eclectic Medical Boards, or for the entire removal of all restrictions upon the practice of Medicine, putting it on the same footing as in the adjacent State of New York.

I need not say that, after the pains I have taken to bring about harmonious action between the different Schools of Medicine in Canada, that it is with the deepest regret that I look forward to the approaching disruption of the "COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO," where, until the last day of our last meeting, we had all worked together with perfect good feeling and cordiality for the raising of the standard of medical education in all the different Schools. I cannot, however, resist the appeal made to me to take action in this matter, admitting as I do the justice of the complaint made both by the Homœopathic and Eclectic Schools, that their students are compelled to pay exactly double for their education that the students of the "General" School do. Two years' attendance upon lectures in any Medical Institution gives a right to all subsequent sessions free; when three sessions are exacted from students at the *same* College, it adds only the board to the expense; but when Homœopathic and Eclectic students, having as yet no College in Canada of their special Schools of Medicine, go to the United States for their education, they are compelled, no matter how complete that education may have been, or how well qualified they might be to pass any ordeal however searching, they are, I say, compelled by the Council to pay in full for another medical education in Ontario, before they are admitted to examination. This is no mere imaginary or fanciful grievance; it has begun to tell very seriously upon the number of students applying to enter with practitioners of our School, and several young men have distinctly stated that they cannot afford to become Homœopathists, when they can enter the Old School for half the money. This may be a matter of exultation to those who have looked upon the Medical Act as the means of extirpating Homœopathy from Canada; but it is scarcely a creditable mode of proceeding, when arguments have failed, to have recourse to fining students to coerce them into the "General" School.

The proposal, which I made at the last meeting of the Council, and which met with the unanimous consent of both the Homœopathic and Eclectic Members, was to the effect that students whose course of study had begun *subsequent* to 1870, as far as concerned Graduates of our Schools from the United States, should be in the same position as those whose studies had begun prior to that year—this was the substance of the motion that I made; although there were only four colleges of each School in the States to which we asked that this privilege should extend; and it was further guarded by the stipulation that the matriculation examination should be passed before the beginning of the professional education. When a motion so moderate and equitable was voted down by the whole of the Members present belonging to the "General" School, we may well give up all hope of ever receiving fair play at their hands.

It is some satisfaction to me to find that the London *Lancet*, opposed as it is to us in everything else, adopts our views as to places of study. In the No. of that journal of the 12th of August of this year, the Editor, who has erroneously stated that the Homœopathists wished to diminish the stringency of the examinations, ends by saying: "On the other hand, so long as Homœopathic students are ready to pass the regular examinations, all oppressive regulations as to curriculum and places of study, should be swept away. It is unnecessary to inquire where men studied, if they are prepared to pass a fair and scientific examination." Now, I can confidently appeal to you, who have acted not only as Secretary to the Council at its annual meetings, but who have likewise as Secretary to the

Board of Examiners been present at all our examinations to say, if the Homœopathic or Eclectic Members have ever in the slightest degree tried to diminish the stringency of the examinations or to facilitate the entry of incompetent men into the profession.

As the present Council will not likely meet again before the period for which the Members were elected expires; and, as in all probability, they will have no successors, I have thought it right to state to you as fully as an ordinary letter will admit of, the causes that have led us to take the position we are about to take. I think it due, in courtesy to those gentlemen, with whom I have always felt pleasure in sssociating, that I should, through you, give them notice of the application we intend to make to Parliament, to repeal the "Medical Act" under which we have worked together.

I am, Dear Sir,
Yours very faithfully,
D. Campbell, M.D.
Homœopathic Member of Council of College of Physicians and Surgeons of Ontario.

A WRONG DIAGNOSIS.

(To the Editor of the Lancet.)

Sir,

A case of unprecedented assault on the person of a man, resident with the party who committed the deed, was tried at the late assizes for the County of Peel. The victim lived eight days. The medical attendant from the first examination pronounced the lower jaw broken at the symphysis and at the angle of the ascending ramus; a rib broken on left side below the apex of the heart, also one rib on the right side, but not creating any uneasiness. Three other medical men were summoned by the defendant, but could not discover any or either of the fractures, until a *post mortem* examination revealed the truth: then the fractures were discovered in the jaw. The broken rib on left side was found to have produced active inflammation and adhesion of lung to the pleura costalis, ending in gangrene, and the upper part of the chest and neck which was beaten showed contused marks of extensive dimensions. Now, sir, is it probable—it might be possible—that three medical men could not find the fractures in the jaw, a part so easily examined, particularly when the fracture at the symphysis was moveable? I cannot account for it in any other way than that they were determined to upset the evidence of the medical attendant; but the *post mortem* they so eagerly wished for, upset all they so positively swore to.

A passing notice of this case may be of service. Medical men cannot be too cautious in giving evidence in court, as there are lawyers well versed in jurisprudence, who would leave them with blushed faces. I think the *trio* will be more careful in future, and hope this case may be a warning to them.

I am, sir, yours, &c.,

THOS. HENRY, M.D.

Sandhill, Oct. 1871.

HOW TO CURE DISEASE.

Dr. C. B. Hall, of Toronto, writes on "Consumption" in the *Canada Lancet*, and thinks that treatment must be chemical. He expects the good derived from cod-liver oil will be equalled by any fat properly given, and he says we must use an alkali with it.

This is his favourite formula:—

℞—Butyrii,	oz. ij. drs. vj.
Vitell ovi,	No. j.
Pepsine,	drs. ij.
Soda bi-carb,	drs. iv.
,, phosphat.,	drs. iv.
Theriaca (molasses),	oz. iij.
Aq. flora aurant,	oz. j.
Syr. tolu,	oz. iv.
Aq. destill,	ad. oj.—M.

In other diseases Dr. Hall professes to have arrived at certainty. Thus he tells us to alkalinize the blood and pneumonia is arrested, so that liq. potassa is specific. And diabetes he finds as easy to control.

In this disease the whole process is chemical; the nature and abnormal change is chemical; the prevention and cure alike act by chemical laws. Starch is given for food. Sugar is found in the excrements. In the cure, sugar is converted into the most important and useful agent in the animal economy. In each and every process chemical tests unquestionably confirm, "or at least so prove it, that the probation bears no hinge nor loop to hang a doubt on."

Happy Dr. Hall to see through and remove disease after this fashion. Oh! for such faith!—*Medical Press and Circular.*

(To the Editor of the Canada Lancet.)

SIR,

I would not call your attention to the flippant remarks of the September 13th number of the *Medical Press and Circular* on my paper on Consumption published in the *Canada Lancet* a short time ago, if this were not the particular season when medical students are mostly undecided as to the relative importance of different schools in granting degrees in their profession, and to show, from this circumstance, how much are our own country schools in advance of their forefathers. For the former would have given "happy Dr. Hall" credit for a medical practice taught by the first men of Europe for twenty years or more, nor would they have applied the term "faith" as illustrative of that which has been the subject of perfect demonstration. The chemical theory of consumption attempted to be ridiculed is taken from Professor J. Hughes Bennett's work on Tuberculosis, published in 1853; the use of chemical agents in the treatment of disease generally, and particularly of pneumonia, from Liebig of a little earlier date; the application of fats, as used in the prescription referred to, from the discovery of M. Pelonge, who states that animal oils at an elevated temperature are resolved into their respective acids, and can in this state be brought into the general circulation. My reasons for giving the preference to butter over other fats is fully shown in the October number of your journal. For the further chemical changes in the animal economy, such as starch into sugar, and of its being checked in diabetes, as well as the change of lithic acid by this same chemical process into hippuric acid, I appeal to the distinguished names at the close of my paper, viz., Lehman, Jones, Garrod, Ure, and others. One most important mistake as to the use of fats I wish to correct. "He expects the *good derived* from cod-liver oil will be equalled by any fat properly given." This is not my meaning as I would have it understood. What I do mean to say is, the reason *no good* of any consequence has been derived from cod-liver oil, or any other fat, is owing to its not having been *properly given*, but in such unprepared form as to allow of its combining with the alkalies of the system, and conversion into soap.

C. B. HALL, M.D.

Adelaide Street, Oct. 1871.

THE ORIGIN OF FIBRIN.—Dr. L. S. Stille in the *Medical Times*, gives a clear discussion of the origin of fibrin. This is an old problem, and every contribution to its solution is welcome. Dr. Stille says, "that fibrin can be demonstrated to be formed from albumen by the following facts: the chyle contains more albumen and less fibrin than blood, hence a part of the albumen must have been converted into fibrin. The chyle immediately after being absorbed by the lacteals from the intestines contains more albumen and less fibrin than that which has passed through the mesenteric glands. The arterial blood contains more fibrin and less albumen than the blood in the veins, and this can only result from a transformation of the latter material into the former." But a part only of the albumen is so transformed. Why not all? To answer this he adduces the evidence for believing that the fibrin is formed from the albumen by the white blood corpuscles. Lastly, he states that recent investigations show that a "substance exists in blood serum which is apparently as essential to coagulation as white blood corpuscles. This is called paraglobulin. If taken from freshly drawn blood, no coagulation occurs in that liquid until it is replaced. If added to hydrocele fluid, which at best forms only a small coagulum, instantaneous fibrillation is the result. From these facts, we must say that white corpuscles make fibrin. They are organized and act upon an unorganized substance, to produce a third body. The origin of paraglobulin is still open to research. To sum up, "Fibrin does not exist as such in the blood, but is a product of the white corpuscles upon a material named paraglobulin existing in the serum."

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of every Month.

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto*

TORONTO, NOVEMBER 1, 1871.

PROSECUTION FOR ALLEGED MALPRACTICE.

ANDERSON ET UX. VERSUS N. O. WALKER, M.D., PORT DOVER.

This was an action brought against Dr. Walker of Port Dover, to recover damages in a case of inversion of the uterus. The trial took place at Simcoe, and we are indebted to Dr. Clark of Princeton for the following report of the case.

Dr. Walker had been called to attend a Mrs. Anderson of Port Dover, on 6th October, 1870. The case had progressed rapidly, and, to all appearance, satisfactorily, with the exception of severe flooding a short time after the birth of the child. Dr. Walker attended Mrs. Anderson until the 14th of the same month, when he was dismissed, and Dr. Stewart, of the same place, called in. Dr. Stewart refused to prescribe for her without consultation, and suggested that Dr. Covernton of Simcoe should be sent for. He arrived shortly afterwards, and his account of the case has been already published in the June number of the *Lancet*. Dr. Walker, in his evidence gave substantially the following history of the case :—

I was summoned to attend Anderson's wife on the night of the 6th October, 1870. I found the patient in strong labour pains, presentation natural, and the head in the vagina. After a few strong, long, expulsive pains, the child was born. I had only to support the perinæum. After bringing about full respiration in the child, I separated it from the mother. Perhaps two or three minutes elapsed from birth until separation. I applied the bandage loosely around the hips of the patient, and in fifteen or twenty minutes proceeded to remove the placenta; found it lying in the vagina. I removed it with little difficulty, and when expelled, some well-formed clots followed. While the right hand was in the vagina, I had the left over the pubes, or uterine tumour, which was moderately firm. I called one of the nurses to keep up pressure on the uterus, while I cleared the bed of placenta, &c. After washing my hands, I relieved the nurse, and tightened the bandage over the body. The uterine tumour was now firmer, and more distinctly felt. After making the patient dry and comfortable in bed, I retired into an adjoining room, and visited the patient occasionally. All seemed to be progressing well. The patient asked me to give her something for after-pains. I explained to her that I wanted her to have four or five good pains before I gave her any, as I feared hemorrhage. I feared hemorrhage, as the patient appeared a delicate, anæmic person, and one in whom the fibrin might be deficient, and I had not given ergot, as labour came off so quickly after my arrival, that I could not prepare it in infusion, the form in which I usually administer it. I retired again for some fifteen or twenty minutes longer, nearly three-quarters of an hour or an hour having elapsed since labour. I visited her again, preparatory to prescribing some powders for after-pains, which were now more severe, and preparatory to going home. I found the patient leaning on the shoulder of the nurse, and when I felt her pulse, found her sinking; I raised the covers and found copious hemorrhage. I at once lowered the head of the patient, called for some brandy, and administered a large dose of brandy with opium and acetate of lead. I had the window raised, and all covers removed, except a thin cotton sheet. I then proceeded to make a vaginal examination; putting my hand on the outside of the bandage, I felt the uterus firm, and as I was about introducing my hand I saw that hemorrhage had ceased. I did not examine then for fear of disturbing any clots that might have formed, and to which I attributed the cessation of hemorrhage. I directed my attention to the patient, administering brandy freely and prepared ergot; sent for my galvanic battery, fearing return of hemorrhage, when the patient rallied. She rallied slowly, and there was no return of hemorrhage, nor any cause to justify me in making a vaginal examination. I remained with her all night, not leaving her more than five minutes, while I went to the office for some drugs. In the morning I left her in charge of the nurse, and diminished the amount of brandy prescribed. I returned frequently during the day, and found the patient as well as could be expected. I used the catheter in the evening, withdrew the Lead and gave Dover's powder and Tannin. The patient complained next morning that the brandy and powders made her thirst intolerable, and I next day (second day after confinement) prescribed liquor ammonia acetatis with excess of ammonia, and withdrew the brandy. I used the catheter twice daily, and gave powders only night and morning. Added next day, digitalis to the mixture. The patient progressed fairly, and wished me to allow her to get up to stool, as she thought she could void her urine if allowed to do so. I refused permission, telling her the danger. On the night of the 12th I ordered her a dose of oil. I called next morning about nine o'clock, and found the patient in bed; distressed expression of face, pulse quick and irritable, she complained of stricture of the throat, in short, hysterical symptoms. I found the oil had operated strongly, and while at stool a large clot passed from the vagina, and the patient said she thought "every thing would pass from her." Found she had used the stool out of bed, and had sat up upon a chair, and changed her clothes. I was much embarrassed, but added tinct. moscha, and spiritus æth. nitrici to mixture, and cheered the patient, hoping a good sleep would restore her (she had not rested during the night previous). I called again in the evening of the 13th, and found no improvement, I added a full dose of morphine, and called next morning, the 14th, and found symptoms worse, intending to ask for a consultation in case the patient was no better at the next visit. * * *

Mrs. Anderson (the patient) gave her evidence in a very candid manner, and corroborated Dr. Walker's statements, with the exception of a denial of the number of times the medicines were administered, and denying that any examination was made over the abdomen, or per vaginam, after the night of the birth of the child. She asserted to a feeling of incessant pain and bearing-down, as if something was about to come away from her.

She spoke about "a clutching" of the bowels by the Doctor when she was flowing; and when she exclaimed, "Oh! Doctor, I shall die," Dr. Walker replied, "Yes, you will, if the flooding does not stop; you are flowing to death." She spoke of a "jerking of the cord," but denied forcible traction being used. She said that the Doctor did *not* forbid her to leave the bed to go to stool, and that these feelings of an absence of "something" in the abdomen were from the time of labour.

Dr. Stewart, who was called by the plaintiff, stated it was his belief that complete inversion of the uterus took place *at, or shortly after* labour. He believed an examination should have been made soon after the time of labour.

Dr. Hodder, Toronto, deposed to having attended about 7,000 cases of labour, and never had a case of inverted uterus. It was so rare in practice that its occurrence would never enter into a practitioner's mind, unless more than ordinary symptoms supervened, which would point out that such a change *might* have taken place, as indicated. If he found, as stated by Dr. Walker, by pressure on the abdomen, a contracted uterus above the pelvis, after the expulsion of the placenta, he would not dream of their being an inverted uterus afterwards; even from the assertions of Mrs. Anderson at the time, for her exclamations were such as are often used by women in the pangs of natural labour. If there was swelling of the bowels after a few days, he would likely have made an outward examination, fearing puerperal peritonitis. He did not think it would have been wisdom for Dr. Walker to have made a vaginal examination, immediately after the flowing, on a mere supposition of an inversion of the uterus, if he felt the uterus *in situ*, for it might have resulted in a removal of clots and a return of hemorrhage, and would have been bad practice. Taking the evidence of Mrs. Anderson as true, he heard nothing to show neglect or unskilfulness in the treatment. He believed that the inversion took place when the patient was at stool on the 13th October.

Dr. Workman, Toronto, corroborated to a great extent what Dr. Hodder had said. He said that the evidence of the nurses was of no account in such cases, as they were not competent to judge. He explained to the Court what an inversion was, and how it might take place some time after labour, when relaxation of a partial kind took place, and after the uterus had emptied its contents. At that time contraction of a section of it, say the fundus, might take place by pressure on it, by the abdominal walls, in straining at stool, or by the want of tonicity in the organ itself. A flaccid state of that organ might cause inversion, or be the *occasion* of it, by a subsiding of the uterus, in the first place, by its own weight towards the *os uteri.* Inversion might take place at any time after labour; but so rare was the occurrence, that it would require *something more* than usual symptoms to excite suspicion of such an event having taken place. He could not infer from the statements of the witnesses of the plaintiff, that Dr. Walker had done, or neglected to do, otherwise than that which was according to good practice.

A good deal of extraneous matter was introduced in the examination, but the above is the substance of the evidence. The two nurses of Mrs. Anderson (mother and mother-in-law) were examined, but their evidence had little bearing on the cardinal points at issue. Dr. D. Clark, of Princeton, was subpœnaed by defendant, but his evidence was not thought necessary after the clear and decided testimony of Drs. Workman and Hodder. Mrs. D. Walker (sister of the plaintiff) substantiated what Dr. Walker had said in regard to "cautioning" Mrs. Anderson *not* to use the stool on the 13th of October. She said that Mrs. Anderson told her so.

It will be seen by the evidence that the chief question was as to the *probable* time when inversion took place. Did it take place at or within a few hours after labour? Was it, if so, at that time, *partial* or complete? If not, did it take place on the 13th? In no case can a valid charge be made, unless it was complete at first, and no correct diagnosis arrived at while the inversion was recent. As the case is likely to come up again before a jury, we pass no judgment upon it at present. A question arose during the trial as to the weight to be attached to medical testimony, based upon the statements of witnesses and not known facts, to the medical witnesses. Judge Wilson said that in cases of that kind, it was looked upon as if these Drs. had been in council with the parties whom they defend, and had (as it were) given medical advice in the case. He (the defendant) had done as they would have done, had they been present in consultation. That was the position in which such witnesses stood.

The damages claimed were $2000, and the jury gave $275. A new trial has been applied for by Dr. Walker.

MORE QUACKERY.

We regret very much, for several reasons, to be again called upon in our capacity as Journalist to refer to another gross and flagrant case of quackery. In this instance the person charged holds a seat in the Council of the College of Physicians and Surgeons of Ontario. The advertisement which has been brought under our notice appears in the *Whitby Gazette*, and we give below a few extracts from 18 or 20 of a similar kind. Such practices as these are not only dishonest in themselves, but incompatible with the spirit in which a liberal profession should be practiced; and we feel that the Council will be wanting in its duty if it fails to remonstrate or protest against such conduct on the part of any of its members.

We having nothing to say against Dr. Carson, who is an able representative of the Eclectic school, *as a man;* but we think he has formed an incorrect estimate of what is due to himself as a physician, and a member of the Council. What will be thought abroad of such plans for prosecuting a profession as the following exemplifies:

Dr. Carson,—Dear Sir:—Please send me another Bottle of your *Cough Drops.* I do really think they are the best in the world.
Myrtle, Ont., March 2nd, 1871. R. HURLBUT.

I have used and prescribed Dr. G. A. Carson's *Cough Drops*, and in all instances I have found it to be a most excellent Medicine, not only in reference to myself, but also in all cases where I ordered it.
Whitby, April 25th, 1871. W. H. EVANS, M.B. (!!!)

G. A. Carson, M.D., ? Whitby.

Dear Sir:—Your invaluable *Hair Tonic* has given me the greatest satisfaction. As a hair dresser, it is the best I have ever used, besides its excellence as a Hair Dressing, it proves a superior cleaner and invigorator to the scalp and hair,
I am, yours, &c., &c.,
L. WARNER, Wesleyan Minister.

Dr. Carson, M.D., Whitby, Ont.,

Dear Sir:—I have given your *Worm Specific* a fair trial in my family, and have to bear testimony to its great worth as an immediate destroyer of this great family pest.
MRS. JOS. WILKINS.(!)

G. A. Carson, M.D., Whitby, Ont.,

Dear Sir:—It affords me sincere pleasure in giving this testimony of my unqualified approbation in reference to your *Stomach Bitters.* No preparation of the present day, professing similar qualities, can, in my opinion, compare with it. It is gentle though effectual in its operation.

Very respectfully, WALTER ROSS, M.P.
Prince Edward.

G. A. Carson, M.D.,

Dear Sir :—It gives me sincere pleasure in testifying to the excellent qualities of your *Cough Drops*, also *Stomach and Constipation Bitters.* I have used them personally, as also in my family, and I have found nothing to equal them, and I can confidently say they perform all they are recommended for.

Very sincerely yours,
J. H. GREENWOOD, Solicitor, &c.

* * *

COLLEGE OF PHYSICIANS AND SURGEONS, Ont.—Thirty-three candidates presented themselves for the matriculation examination, in October, of whom the following twenty-eight succeeded in passing :—

Thos. S. Barclay,
F. G. B. Clarke,
Alex. Douglas,
Jas. A. Fisher,
W. J. Grasey,
John Kirkpatrick,
Albert Luton,
Hugh McDonald,
Duncan McLeod,
R. J. McKinnon,
James Phelan,
Walter Scott,
Levi Secord,
Jas. W. Thompson,
Geo. E. Bornberry,
F. R. Berry,
Henry Edmunds,
E. Freel,
Geo. Gordon,
Jos. Livingston,
James McWilliam,
W. C. Morton
W. H. Moorhouse,
J. M. Nelles,
James W. Renwick,
Albert Sanderson,
G. P. Sylvester,
J. D. Wilson.

ARTHUR WICKSON, M. A., L.L. D., Examiner.

The death of Samuel Solly, F.R.C.S., Eng., late surgeon St. Thomas' Hospital, is announced. He had been in ill health for some time past, and was reported to have had a stroke of paralysis.

MEDICAL MEN v. INSURANCE COMPANIES.

Our attention has lately been drawn to the subject of the payment of medical men for the filling of a certain form as the medical attendant of the party who applies for life insurance. Some maintain that the company should in all cases pay for this service; some are willing to take the fee from the applicant, others refuse to do so, and a few fill up the form gratuitously. Now as the filling up of this form is in some particular cases of great value to the company, and as it requires a good deal of time and care on the part of the medical attendant, such as keeping a record of the date of the patient's illness, its nature, &c., it is a service that should be properly remunerated, and that too by the company undoubtedly. The ordinary fee for such service varies from $2.50 to $5.00, depending upon the amount insured. But you say some companies refuse to pay the medical attendant for this service, and in that case the applicant must pay, or the service must be done gratuitously.

There is one view in which it seems unreasonable that the applicant should pay for this service, viz. a case in which the medical attendant's report condemns him. He therefore pays a fee of $4 or $5 for good service rendered the company, but very damaging so far as he is personally concerned. We have been informed that this subject was under discussion twenty-five years ago in the London *Lancet*, and it was then decided that the companies should in all cases pay the fee, which was to be one guinea. We earnestly hope that the present discussion may be as satisfactorily arranged. To this end it is absolutely necessary that there should be unanimity of action among medical men themselves, and then the companies would be forced into paying the fee.

◆

REPEAL OF THE MEDICAL ACT.

We publish elsewhere a letter from Dr. Campbell, Homœopathic member of the Council of the College of Physicians and Surgeons, addressed to the Registrar in which he complains of the action of the Council at its last meeting, and gives notice of his intention to apply to the legislature for the repeal of the act now uniting his body and the Eclectics with the general profession. The whole ground of complaint appears to be the refusal on the part of the Council to pass a resolution exempting students of the Eclectic and Homeœopathic persuasion from attendance on more than one session in a Canadian school.

We have already given expression to our views on the principle contained in the resolution referred to, in the July number, and we have seen no reason to change them since. It would be wisdom on the part of the Council, to call the executive together and decide as to what action should be taken in reference to this matter. The act has done a great deal of good, and when properly amended by the insertion of penal clauses, it will be still more acceptable to the profession, and we trust that wise counsel and unity of action may prevail to prevent the repeal of an act which has done so much to elevate the standard of the medical profession in Ontario.

◆

ICE IN THE RECTUM IN RETENTION OF URINE.—Dr. Casenave has for the last twenty years, used ice in retention of urine, and has never failed in giving relief. He introduces into the rectum a piece of ice of the form of an elongated oval and about the size of a chestnut, which he pushes up beyond the sphincters, and renews every two hours. Almost always in an hour and a half urethral spasm ceases, a certain quantity of urine is passed, and the bladder is emptied without effort by the patient. If in rare and exceptional cases this does not take place, he, besides this, places ice from the anus to the end of the penis, until the urine flows, which it infallibly does. Where prostatic hypertrophy causes the difficulty, the good effects of *the ice are longer coming on.—The Doctor.*

◆

TREATMENT OF PRURITUS VULVÆ.—Mr. MacGrath states that he has found the application of the undermentioned lotion (by means of a soft sponge after ablution, morning and evening) attended with the most satisfactory and speedy results:—Biborate of soda, two drachms; hydrochlorate of morphia, one scruple; hydrocyanic acid, one drachm; glycerine, one ounce; distilled rose-water, eight ounces.

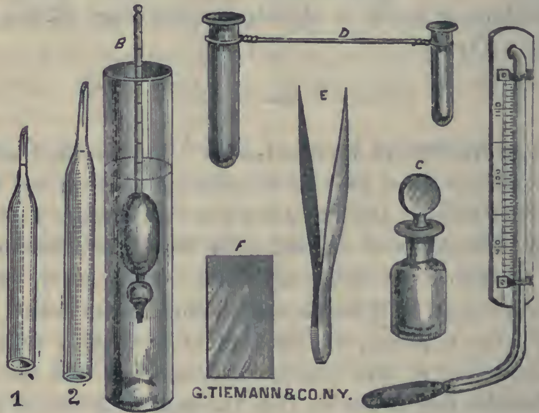
APPARATUS FOR THE CLINICAL EXAMINATION OF URINE.

BY REUBEN A. VANCE, M.D.,

Phsician-in-Chief to the New York Institute for the Paralyzed and Epileptic, etc.

It is now several years since that, as an *interne* at Bellevue Hospital, it became my duty to make a large number of urinary examinations daily. For my own convenience, I had an instrument-maker construct me a sort of clinical pocket-case, containing the following articles:

An axillary Thermometer (*a*); Specific Gravity apparatus (*b*); Nitric Acid bottle (*c*); Two small Test Tubes of different sizes, with wire to hold them (*d*); pair of Forceps (*e*); Platinum foil (*f*); two Pipettes (1 and 2) and Litmus paper, red and blue.



—the whole being neatly enclosed in a leather-covered case, 4 inches long, 2 inches wide, and 1 inch thick, making when closed, a very conveniently sized case for the pocket. * * *

These few instruments enable the physician to determine quickly, and with a great deal of accuracy:

1. The reaction of the urine—whether acid, alkaline, or neutral.
2. The relative quantity of urea.
3. The relative quantity of solid ingredients.
4. The relative quantity of inorganic ingredients.
5. The relative quantity of organic ingredients.
6. The specific gravity of the urine.
7. The presence or absence of albumen.

No detailed description of these various appliances need be gone into here. The appearance of litmus-paper is familiar to every medical student; and the same may be said of the urinometer, the instrument employed for determining the specific gravity of the urine.

The two pipettes, as will be seen by the accompanying illustration, should be of different lengths, so that they need never bé confounded the one with the other. The smaller one is to be used with nitric acid alone; the larger one is to cary urine, and should be used for no other purpose. It is a well-known fact, that when a pipette is inserted a given length into any fluid, and the bulb of the finger placed over the other opening, it can be removed from the liquid, and carried any distance, without spilling any of its contents, so long as the upper opening remains closed. Advantage can be taken of this fact in the present instance, and the pipettes are placed in this case for the purpose of actually measuring, and carefully carrying, small quantities of urine and acid. It will be noticed that each pipette is marked by a horizontal line, which, in the smaller one, is much nearer its lower extremity than in the larger one. The reason for this will be explained presently.

The platinum foil is simply a section of a thin sheet of platinum, and is used when it is necessary to evaporate the urine. It is also useful in testing the quantity of urea in the specimen under examination, and in incinerating the dried residue when we desire to separate the inorganic from the organic constituents. The forceps are intended to hold the platinum when in use. * *

The first thing to be done is to determine the reaction of the specimen to be examined. For this purpose we employ the urine-glass, in which we subsequently place the urinometer when testing the specific gravity. Two pieces of litmus paper—one red and the other blue—are placed in the bottom of the glass, and a quantity of urine is poured upon them. The normal urine being acid, in the majority of cases both pieces will assume the same color—red. But in certain cases the urine is alkaline when voided, and in certain others it becomes alkaline from decomposition, and then the reverse will obtain—both pieces will turn blue. Great care should be exercised in keeping the urine-glass clean, and free from acids especially, otherwise the results may be vitiated.

To determine the amount of urea in the specimen, place a single drop of urine (which is to be taken from the bottle with the large pipette) on the platinum foil, which with the aid of the forceps is to be held in the left hand, and, with the small pipette, add an equal quantity of nitric acid. In normal urine no immediate effect will be produced, but should there be an excess of urea, crystals of the nitrate of urea will at once make their appearance. In proportion to the excess of urea, this process of crystallization will be rapid and extensive. It will occasionally happen that the liquid on the foil will appear to solidify at once, so quick and complete will be the process. Should nothing of this kind take place, the amount of urea in the specimen is either normal or deficient. To test this latter point clean the foil, by bringing it to a red heat over a candle or gas flame, and, with the large pipette, place upon it double the quantity of urine used in the former experiment, evaporate slowly to half its original bulk, and then add to it an equal quantity of nitric acid. Normal urine submitted to this test will at once crystallize: should no change of this nature ensue, the amount of urea is palpably deficient.

* * * * * *

After cleaning the foil carefully by raising it to a red heat, as in the former case, we can proceed to test the quantity of solid ingredients present. This is to be done by carefully evaporating a given quantity of urine, and comparing the residue with that obtained from the same amount of healthy urine. The platinum foil is to be used for this purpose, and it is well to accustom ourselves to using the same amount of liquid upon all occasions. The large pipette has a mark near its lower pointed extremity which is intended as a guide for dipping out the urine for this test—the pipette should be filled exactly to that point. In evaporating the urine, care must be taken not to raise the boiling mass to a very high temperature, and in practice it will be found convenient *not* to evaporate all the liquid, but to form an estimate from the pasty mass which is left upon the foil some time before the last of the water disappears. The quantity of this material furnishes the observer with the data from which to form an idea of the amount of solid ingredients in the given specimen. As in testing the amount of urea, continual practice is essential to enable a physician to judge with a great degree of accuracy.

The residue, which gives us our idea of the amount of solid ingredients, can be used in determining the quantities of organic and inorganic constituents, and their relative proportions in a given case. The pasty mass on the foil is to be slowly raised to, and for some time kept at, a red heat—the organic matter is thus dissipated. With the handle of the forceps we can gather together the inorganic ingredients which have remained on the platina, and the difference between their present size and their bulk before incineration will indicate the amount of organic matter driven off by the heat, while the residue will denote the quantity of inorganic materials in the specimen under examination.

The urine which was poured in the urine-glass for the purpose of testing the reaction can now be used for determining the specific gravity. The urinometer is to be placed exactly in the centre of the glass, care being taken to avoid contact between the graduated tube and the walls of the glass. As soon as all motion ceases, the figures at the surface of the urine will indicate the specific gravity of the specimen. The specific gravity of normal urine varies from 1,016 to 1,020, 1,018 being a fair average. There is an old rule, called the rule of Trapp, which, while it is far from being altogether accurate, yet possesses a certain amount of truth, and is well to be known. It states that, to determine the amount of solid ingredients in a given specimen, find the specific gravity and then double the two last figures used in expressing that sum. For instance, the specific gravity being 1,018, the amount of solid ingredients is 18 x 2 = 36.

In testing for abnormal ingredients, our attention is drawn most prominently and forcibly to the solution of the question of the existence of albumen in the urine. No other substance possesses such interest or is of so much pathological importance. The commonly used tests (heat and nitric acid) are sufficiently delicate, but it is to be feared that, in their general application, their value is more or less impaired by inattention on the part of the examiner to one or more very important rules.

In the first place, the reaction should be accurately noted before applying either test. The reason of this is sufficiently obvious, when we remember that albumen is not coagulated by heat when the urine is alkaline; and that even in normal urine—much more so in a strongly acid specimen—we are liable to be deceived by an abundant deposit of amorphous urates upon the addition of nitric acid.

The reaction having been determined to be acid, the smallest test-tube can be filled one-half full of the urine under examination, and the upper part subjected to the action of heat. The wire-handle will now be found of great service in holding the tube over the candle or gas flame. This test is especially satisfactory in cases where the specimen is more or less opalescent from a deposit of the urates. Heat alone will speedily clear up the solution, and the upper transparent portion will contrast strongly with the cloudy lower layer. The albumen, should any be present will not coagulate until this change has taken place, and will then declare itself as a beautiful white circle at the upper part of the test-tube, which will persist after the addition of nitric acid. The turbidity commonly produced when neutral or alkaline urine is submitted to the action of heat (due to a precipitation of the earthly phosphates) is readily distinguished from that of coagulated albumen by the fact that the former disappears instantly upon the addition of nitric acid.

The test of universal applicability is that of nitric acid. The reaction of the urine does not interfere with its operation—it is equally efficacious in acid or alkaline solutions. But one caution is necessary, and that is, that in highly concentrated urine a deposit of amorphous urates will occasionally follow its addition, and produce a turbidity which might be mistaken for albumen. "The two conditions are however, easily distinguished by observing the level at which the cloudiness begins, and the direction in which it spreads. Albumen begins to coagulate immediately above the stratum of acid, and the turbidity spreads upwards; but the urates appear first at or near the surface of the urine, and the opacity spreads downwards. Heat also readily resolves the doubt, for the urates speedily disappear when the urine is warmed, but turbidity from albumen is not affected by heat." —*Roberts.*

The following simple plan is one I can recommend most thoroughly, and I doubt if those who adopt it will often find themselves disappointed with its facility or accuracy. It is to take the largest of the two test-tubes in this case, fill it two-thirds full of urine, and add the acid by means of the small pipette. The quantity of nitric acid should not exceed five drops, and can be readily estimated by filling the pipette to the horizonnal line, near its lower extremity. Then, holding the test-tube in the left hand, carry the point of the pipette to the bottom of the urine and remove the finger from its upper end. The consequence will be that the nitric acid will at once form an even thin layer at the bottom of the test-tube, and the pipette can be removed without disturbing the contents in the slightest degree. Should there be albumen in the specimen, it will coagulate at the top of the acid, and will be at once plainly apparent. Three distinct layers can then be distinguished: First, the nitric acid; next, the coagulated albumen; and, above that, the urine presenting its ordinary appearance. If both albumen and urates are present—the latter being very common in acid urine—four very distinct layers are formed. At the bottom will be nitric acid; over it, the coagulated albumen; next, a layer of urine, in which the acid is still so concentrated that it retains the urates in solution, while it is too dilute to coagulate the albumen [Heller]; and above that again, the cloudy urates.—*Medical World.*

SUCCESSFUL TREATMENT OF UTERINE CATARRH BY INTERNAL APPLICATION OF CARBOLIC ACID.

CLINICAL REMARKS BY DR. W. PLAYFAIR, AT KING'S COLLEGE HOSPITAL.

In a large proportion of old standing cases of uterine catarrh it is hopeless to expect a permanent cure by any means which do not act directly on the seat of the disease, which is the lining membrane of the cavity of the uterus and cervical canal beyond the external os; accompanied, of course, with secondary morbid states of the body of the uterus and cervix, such as hyertrophy, congestion, &c. Rest, applications to the exterior of the cervix, and general treatment will unquestionably cause a temporary improvement, but on a recurrence to the old habits of life all the old symptoms return. There are serious objections to intra-uterine injections, unless the os is first dilated with laminaria tents, as they are apt to bring on severe uterine colics. By means of fine probes of whalebone or flexible metal, round which a thin film of fine cotton wool is wrapped, alterative applications can readily be made to the interior of the uterus, without pain or danger. In the very numerous cases in which this plan of treatment has been carried out, in no single instance has anything but the greatest benefit accrued. It is no doubt advisable to select the cases judiciously, and where there is much uterine tenderness, intra-uterine treatment should be postponed until this has been diminished by rest, leeching, &c.; but with proper precautions the treatment is perfectly safe. A concentrated solution of carbolic acid, eighty parts to twenty of water is used: and it acts so well that for a long time nothing else has been employed. After the first application the discharge is sometimes increased, but after the second or third it is generally greatly diminished, and a single application is often sufficient to cure superficial erosions of the cervix. As a rule, there is no difficulty in passing the probes, as in true uterine catarrh the os is invariably patulous. As the case improves, the patulous state of the os diminishes, and this is found to be one of the most certain signs of improvement.

The following cases are selected, not because they present any peculiar features, but because each of them had been assiduously treated for lengthened periods by the ordinary methods employed, and without permanent relief, while they were rapidly cured as soon as the true seat of the disease was attacked:—

Mrs. P——, aged thirty-three, was the mother of four children, the youngest of whom was six years of age. Ever since the birth of her last child she had suffered from uterine diseases, the prominent symptoms being constant bearing-down pain which entirely incapacitated her for work, and a very profuse leucorrhœal discharge of a transparent gelatinous character. The latter was steadily increasing, and she became now thin and cachectic. The menstrual flow was irregular, scanty, and very painful. The uterus was large and tender on pressure; the cervix greatly hypertrophied, and covered with a villous erosion, which bled on being touched. The leuchorrhœal discharge was seen to issue freely from the os uteri. During six months the patient had attended the out-patient department of a metropolitan hospital, and during two months she had been treated generally, with occasional application of tincture of iodine to the cervix. Her general health improved somewhat, but the uterine symptoms did not become much better, while the discharge continued unabated. She was then treated by the intra-uterine application of carbolic acid once a week, along with the application of iodized cotton and glycerine to the cervix. After the third application the discharge was much diminished, and the erosion of the cervix almost healed. In four months the patient was perfectly well; the uterus being of normal size, and the uterine leucorrhœa having entirely disappeared. She has since remained perfectly well in every respect.

M——, aged twenty-six, domestic servant, had suffered from uterine disease for four years, with constant pain, and the discharge so profuse that it ran freely from her, and incapacitated her for work. She had, on two occasions, been an in-door patient in a metropolitan hospital for several months, gaining only temporary relief. On examination, the uterus was seen to be large and heavy, the cervix greatly eroded, and the os patulous, admitting the sound with ease. A glairy discharge was pouring out abundantly. After the fifth intra-uterine application of carbolic acid, the discharge, which had continued unabated for four years, almost entirely ceased. There remained neither pain nor bearing down. The patient was able to walk a good distance, and carry weights without inconvenience, for the first time since the onset of her illness. She had gained in flesh and general health.

Mrs. K——, aged twenty-six, the mother of four children, had suffered greatly for three years from uterine disease, and had undergone a variety of treatment, including repeated leeching of the uterus, and the application of potassa fusa to the cervix, without any permanent relief. She was entirely unable to walk, in consequence of bearing-down pain and profuse leucorrhœal discharge. The menstrual flow was irregular and scanty. On examination, the uterus and cervix, were both greatly hypertrophied. The latter was softened, and covered with granular erosion, which bled on being touched, Much glairy discharge being exuded from the os. The uterus was anteverted, and the cervix exposed with difficulty. A band of adhesion was felt in the direction of the right broad ligament—probably the remains of an old attack of parametritis. There was, however, no swelling or tenderness on pressure in that situation.

The carbolic-acid treatment was then commenced, and from the very patulous condition of the os the probes could be passed with great ease. An immediate improvement commenced. In two months the uterus and cervix were much diminished in size, the discharge lessened, and the patient was able to walk about with ease, and to attend to her duties. In six months she was perfectly well, and the probes could no longer be passed through the os, which had resumed its natural dimensions.—*The Lancet.*

LIGATURE OF THE EXTERNAL ILIAC.

BY HENRY SMITH, F.R.C.S.

The patient was only thirty-two years old, and had a large aneurism, which involved the right common femoral artery, and extended above Poupart's ligament. It was intended to perform the operation on February 11th, but a day or two prior to that date the woman suddenly disappeared, and did not return until after another week. During that short interval the aneurism had increased very much, and had come to extend nearly two inches above Poupart's ligament. The patient complained of intense pain in the tumour and the upper part of the thigh.

Mr. Smith made a very free incision above, and internal to, Poupart's ligament, carrying it high up so as to permit the ligature of the upper part of the artery. The tendons of the oblique and the subjacent muscular tissue were freely incised, and, the handle of the knife being lightly applied, the peritoneum was exposed, and with the forefinger of the left hand was gently turned upwards and inwards toward the median line, so as to bring the artery into full view. Its sheath was opened, and the needle was passed around it well above the aneurism. No director was employed, and no vessel of any importance was wounded; in fact, the operation was one of the simplest character.

In alluding to this case, Mr. Henry Smith said that whereas the operation which Sir William Ferguson had just performed (ligature of the subclavian) was one rare of occurrence and of a very formidable description, his own case was an example of aneurism which was not unfrequent, and required an operation which, though of great magnitude, was not usually of a formidable description. In illustration, he pointed out that, in his own comparatively limited experience, he had tied the external iliac artery on six different occasions, whereas Sir W. Ferguson had performed ligature of the subclavian twice only. After minutely describing the operation, Mr. Henry Smith took occasion to warn the pupils against imagining that the operation was always as easily performed as in the present instance. It might be attended with considerable difficulty, in consequence of the presence of a large quantity of fat or enlarged matter. He had witnessed two instances in which the difficulties were of a formidable character, and it was impossible always to predict what they might be. Great stress had been laid by some authorities upon the necessity of dividing the transversalis fascia freely upon a director, but his experience of this operation had not led him to acknowledge the importance of this precaution. He would, however, caution them to handle the peritoneum very gently while turning it on one side; for if hasty or rough manipulation were employed in that important part of the operation, the artery would be pushed up along with the membrane, and the surgeon, although seeking it in the right place, would actually not be able to find it. This accident had occurred to him whilst operating on the dead body, and once in the theatre of King's College Hospital whilst seeking for the vessel in the living subject.

The patient progressed most satisfactorily; the ligature came away on the thirteenth day, and the wound rapidly closed. —*Lancet.*

ON EXTRACTION OF CATARACT.

BY DR. N. J. MARTINACHE, LATE MASTER OF CLINIC OF SICHEL AND WECKER, PARIS.

It is not my intention to give a complete description of the operation for cataract, but simply to call the attention of physicians to a particular *modus operandi* for the extraction of the crystalline lens in the capsule. Every physician knows perfectly that the methods of operating for cataract are very numerous —too numerous, indeed; but little by little, all these methods have almost entirely disappeared, and the only operation now performed on adults is the extraction. This is certainly great progress, and it is not my design to commence any discussion as to the comparative merits of the ordinary method and Graefe's linear extraction.

It is enough to mention the name of Von Hasner, who is absolutely in favor of the ordinary extraction, to prove its merits. But putting the merits aside, let us speak of the inconveniences. By these two methods we leave certainly in the eye some crystalline elements, impossible to be removed; and these, acting as extraneous bodies, are a permanent cause of irritation. A simple comparison, drawn from common practice, will plainly illustrate this fact. I mean the delivery of the placenta after accouchement. Every one understands the importance of it, and foresees the danger of a placenta remaining in the uterus. So it is with the operation for cataract. When crystalline elements are left in the eye, the eye is in danger, more or less, according to the quantity of the retained elements; and, cautious as he may be, the surgeon is bound to leave some cortical masses, when the extraction is performed by opening the capsule.

In my opinion, the true operation for cataract is the extraction of the lens with the capsule. By doing so, no irritating spur is left in the eye, and no danger is to be feared after the operation; the healing process is more rapid, and the power of the sight is greater than in any other method.

Some weeks ago, I saw a patient who had been blind for ten years. In the right eye the sight was annihilated, and in the left eye there was a very peculiar form of cataract. Looking at this left eye, it was impossible to see any opacity of the lens in the pupil; but by looking through the pupil with a plain opthal moscope, a black spot was to be seen. This spot was a cataract, situated in the posterior cortical masses of the lens; it was round, and about three lines in diameter. The perception of light was good, and the patient having been for ten years in the same condition, I proposed the operation, and it was agreed to. Owing to the fact that the anterior part of the lens was *transparent*, it was a very difficult one to perform. As it was impossible to see the opacity in the pupil, it was to be feared that, after lacerating the capsule, the surgeon would be at a loss and unable to finish the operatión, as I had observed in a former case. So I decided to remove the lens with the capsule.

The patient having been placed under the influence of chloroform, I made a large incision, upward and in the sclerotic, as in Græfe's operation. Then, without any iridectomy, I proceeded to the removal of the lens, by exerting pressure with the india-rubber scoop on the inferior part of the eye-ball. When the lens was engaged between the edges of the wound, I depressed the iris downward and backward with another scoop, and removed the lens with capsule. About the fifth part of the vitreous humor escaped. I reduced the iris, and put the bandage on. Two days after, the iris was protruding; I made the excision, and in five days the cicatrix was complete. The patient never had any pain during the healing process, and four weeks after the operation the sharpness of the sight was number one.

In conclusion, I will venture this remark: It is to be hoped, and I feel confident of it, that in the future, and before a long time, the only operation performed will be the extraction in the capsule, without any iridectomy.—*Pacific Medical and Surgical Journal.*

THERAPEUTIC ACTIONS AND USES OF TURPENTINE.

Dr. Warburton Begbie read a paper on this subject before the Medico-Chirurgical Society of Edinburgh. He gave a brief sketch of the ancient history of the drug from the time of Hippocrates, with a notice of the various forms in which the oleo-resins of the coniferæ are used or have been used in therapeutics. Oil of turpentine was described as being irritant and stimulant, quickening the circulation and augmenting the temperature of the body. In larger doses it produces a sort of intoxication; in drachm doses it is hynoptic. Externally it is a valuable rubefacient, and is absorbed by the skin so as very soon to be recognized in the breath, and by its characteristic violaceous odour in the urine. The production of this violaceous odour in its perfection seems to be a test of the integrity of the urinary organs, as it is less marked in disease of the kidneys. The therapeutic actions and use of turpentine are various. 1. As a cathartic it is uncertain, but along with castor oil it is useful in cases of obstinate obstruction and tympanitis. 2. As an anthelmintic it is chiefly used as a cure for tapeworm; also, in the form of enema it destroys ascarides and lumbrici. 3. Though turpentine sometimes causes hæmaturia, it cures certain passive hemorrhages. It is useful in purpura, probably acting through the nervous system; and it is also useful in hæmoptysis, hæmaturia, and uterine hemhorrages. 4. As a stimulant, it is especially valuable in adynamic fevers; as in the stupor of typhus, in certain kinds of delirium, and in the latter stages of enteric fever with a dry tongue. 5. In certain nervous diseases, such as epilepsy and chorea, it is said to be very useful; but in epilepsy it is supplanted by bromide of potassium, and in chorea by arsenic. In certain forms of sciatica and crural or brachial neuralgia in the aged, twenty-minim doses thrice daily have a very good effect. In the nervous headaches of delicate females, and the headache which is induced by fatigue, it is a better stimulant even than strong tea, and without the effect which tea so often has of banishing sleep. 6. In all chronic discharges from mucous membranes, such as chronic and fetid bronchitis, it is very useful, and even is advantageous in gangrene of the lung in checking the fetor. Under this head some interesting cases were given of gangrene of lung depending on the presence of foreign bodies. —*British Medical Journal.*

A SIMPLE DRESSING FOR FRACTURE OF THE CLAVICLE. Dr. L. A. Sayre, of New York, has finally reduced the treatment of this fracture to *two strips of adhesive plaster, without any axillary pad;* and as such he now gives it to the profession as the simplest and most efficacious plan yet devised.

His method of keeping the inner portion of the clavicle from riding over the outer portion is *by putting the clavicular portion of the pectoralis major muscle on the stretch,* and compelling it to *pull* the clavicle in place, and thus overcome the tendency of the clavicular portion of the sterno-cleido-mastiod to elevate it, which it will always do unless this precaution is taken. After drawing the arm backward and retaining it there by a strip of adhesive plaster, pass another piece of plaster from the *well shoulder* across the back, and by pressing the elbow well forward and inward, the first plaster around the middle of the arm is made to act as a *fulcrum,* and the shoulder is necessarily carried *upward, outward, and backward*; and the plaster, being carried over the elbow and fore-arm (which is flexed across the chest) to the opposite shoulder, the place of starting, and then secured by pins or stitches, permanently retains the parts in position.

Dr. Sayre formerly commenced the first plaster on the inner side of the biceps; but he found that that muscle would roll around and the plaster would lose its hold, requiring to be renewed occasionally; and if it completely encircled the arm for the purpose of a stronger attachment, it would arrest the circulation, and thus prove dangerous. He uses strong and good adhesive plaster (Maw's moleskin is the best) cut into two strips three to four inches wide (narrower for children.) By this plan of treatment the patient is only detained from his daily avocation a sufficient length of time to properly adjust the strips of adhesive plaster.

In one instance a prominent lawyer of New York City slipped upon the ice and fractured his clavicle on the way down town. He was brought to his office. Dr. Sayre dressed him in the manner described at 9 A. M., and before eleven he was pleading his case in the open court. A blacksmith was brought to his office with a fracture of the left clavicle. He dressed it, and in less than an hour the patient was again working at the forge with his other arm, and continued his labor without any interruption. In both cases the union was perfect and without *any* deformity. In closing, Dr. Sayre could multiply these cases by many similar ones, and he therefore feels quite confident that if any surgeon will follow the plan suggested he will have equally good results. —*American Practitioner.*

BOOK NOTICES.

A Practical Treatise on Fractures and Dislocations. By Frank Hastings Hamilton, A.M., M.D., LL.D., Professor of the Practice of Surgery with Operations, in Bellevue Hospital Medical College, etc. Fourth Edition, Revised and Improved. Illustrated with three hundred and twenty-two wood-cuts. 8vo. pp. xxiv., 789. Philadelphia: Henry C. Lea, 1871. Toronto: Willing & Williamson.

This is the most complete work on this subject in the English language; and in fulness of detail, accurate description and systematic arrangement, it has no equal. Many important additions and improvements have been made to the present addition. A large number of original wood-cuts have been introduced. All obsolete forms of apparatus have been excluded, and the modern and improved forms introduced. We regard this work as one of the most valuable books in our library, and we do not see how any surgeon can afford to be without it.

ON SOME DISORDERS OF THE NERVOUS SYSTEM IN CHILDHOOD. Being the Lumleian Lectures delivered at the Royal College of Physicians in London, in March, 1871. By Charles West, M.D., Fellow and Senior Censor of the College, Physician to the Hospital for Sick Children. Philadelphia: Henry C. Lea. 1871. Pp. 131. Toronto: Willing & Williamson.

There are three lectures in this series: 1. Neuralgia and Epilepsy; 2. Chorea and Paralysis; 3. Disorder and Loss of Power of Speech, etc. This author is already well and favorably known to the medical world as a writer on diseases of women. His reputation will not suffer in any degree from these lectures. They contain a great deal of good, sound, practical information on this subject.

HANDY-BOOK OF THE TREATMENT OF WOMEN'S AND CHILDREN'S DISEASES ACCORDING TO THE VIENNA MEDICAL SCHOOL: With Prescriptions. By Dr. Emil Dilnberger. Translated from the second German edition, by Patrick Nicol, M. B. Philadelphia: Lindsay and Blakiston. 1871. Toronto: Copp, Clark & Co., $1.75.

This little manual contains about 250 pages, and is divided into two parts, the first treats of diseases of women and the second of diseases of children. It contains a large amount of valuable and practical information within small compass. An appendix is added, containing notes on practice, intended to show the difference between Austrian and British practice. The book is well worthy a careful perusal.

WRIGHT ON HEADACHES. A new Edition. Their Causes and Their Cure. By Henry G. Wright, M.D., Member of the Royal College of Physicians, &c., &c. From the Fourth London Edition. Philadelphia: Lindsay & Blakiston. Toronto: Copp, Clark & Co. Price $1.25.

This is a very comprehensive little work. The writer treats of headaches in childhood and youth, adult life and old age, and gives the varieties and treatment of each. It appears to have been well and favorably received by the profession, as is seen from the fact that this is the *fourth* edition. It is well worth the small amount of its cost.

PEREIRA'S PHYSICIAN'S PRESCRIPTION BOOK. A New American from the Fifteenth London Edition. Containing Lists of Terms, Phrases, Contractions and Abbreviations used in Prescriptions, with Explanatory Notes, the Grammatical Construction of Prescriptions, Rules for the Pronounciation of Pharmaceutical Terms, a Prosodiacal Vocabulary of the Names of Drugs, &c. By Jonathan Pereira, M.D., F.R.S., &c. Philadelphia: Lindsay & Blakiston. Toronto: Copp, Clark & Co. Price, in cloth, $1.25; Price in leather, with tucks and pocket, $1.50.

We have also received a copy of Lindsay & Blakiston *Physicians' Visiting List*, for 1872. A very convenient article and one which we prize very highly. Every Physician should have it.

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THOMAS HAWKES TANNER, M.D., F.R.C.S., died July 7th, aged 47 years. Since 1854 he has been suffering from renal disease, the result of an attack of scarlatina. He is well-known as the author of several very successful medical works.

THE

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Original Communications.

CASES OF OVARIOTOMY.

BY EDWARD M. HODDER, M.D., C.M., F.R.C.S. ENGLAND; FELLOW OF THE OBSTETRICAL SOCIETY OF LONDON; PROFESSOR OF OBSTETRICS, TRINITY COLLEGE, TORONTO; HON. MEMBER, NEW BRUNSWICK MEDICAL SOCIETY; CONSULTING PHYSICIAN AND SURGEON, TORONTO GENERAL HOSPITAL, BURNSIDE LYING IN HOSPITAL, &c., &c., &c.

(Continued from p. 110, No. 3, Vol. 4.)

CASE 5.—Miss J., æt., 19, although never robust, had enjoyed good health until February, 1865.

She first menstruated when 17 years of age, and this function had scarcely become established when she was seized with acute pain in the right hypogastric region. This pain was supposed to arise from inflammation; she was salivated, and subjected to other active treatment, and after a time she began to improve in health. The following April she discovered a tumor, low down and moveable, and not very painful on pressure or examination.

Scarcely had she recovered from this attack on the right side, when the left was similarly affected, although the pain and sufferings were less severe. She now (May, 1865) began to enlarge, and the tumor has steadily increased up to the present period; her general health is much impaired, and there is considerable loss of flesh and strength.

May 24th, 1866. On making a careful examination to-day, I found the case to be multilocular cystic disease of the right ovary, the uterus not involved, and many of the cysts of large size. Although her general health is feeble, she is in good spirits. She has no cough, and the respiration is easy; pulse weak and upwards of 100, tongue moist and clear, appetite moderate, and bowels daily moved. The tumor is very large, filling the whole cavity of the abdomen, and producing some slight distress by its pressure on the organs of respiration and circulation. Fluctuation is distinct in every part.

A consultation with Drs. Beaumont and Small took place on the 26th of May, when it was decided that the removal of the tumor gave her the only chance of a prolonged life. The risks and dangers were clearly pointed out to her, and the probability that palliative treatment, from the advanced state of the disease, would be of no avail, were duly mentioned both to herself and her parents. Previous to her coming to me, she was under the able care of Dr. Tucker, and had been seen by several medical men, all of whom gave their opinion in favour of an operation for the removal of the tumor. She was very firm and decided, and had made up her mind from the first to submit to the operation; but the parents would not take the responsibility on themselves, and refused either to assent or dissent.

Thursday, 31st May, 1866, was the day appointed for the operation, and after having made all the necessary arrangements, it was completed after upwards of an hour of mental anxiety and distress to all those present. I was kindly assisted by Drs. Beaumont, Bovell, Tucker, and Small. Drs. Webb, Stewart and Jameson of the Army Medical Department were also present. An incision of about four inches in extent was made a little below the umbilicus extending to near the pubes, and after carefully dividing the tissues the sac was exposed, but so firmly adherent to the peritoneum at this point, that it was impossible to separate it. A full sized trochar was passed into a large cyst, when a considerable quantity of thick mucoid fluid flowed away. Having emptied this cyst, the opening into it was secured and the canula withdrawn, when the real difficulties of the case began. The adhesions were general and very strong to the omentum, intestines, and anterior walls of the abdomen, rendering it impossible to separate them by the hand or handle of a knife. In attempting to do so one or two of the cysts burst, their contents flowing about in all directions. So extremely strong were the adhesions in some places, that I cut off the portion of the sac that adhered to the omentum, intestines, or anterior wall, scraped its lining membrane, and left it still attached. After tedious and careful manipulation the whole of the adhesions were overcome, and the tumor removed; but the sac was so firmly united to the broad ligament on the left side, that at first we imagined that both ovaries were engaged. This, however, was not the case, although the adhesions were so vascular and strong on that side, that it was deemed expedient to secure the vessels by the application of a ligature. The pedicle was secured by a double whip cord ligature brought out at the lower angle of the wound. The abdominal cavity was well cleaned of any blood or contents of ruptured cysts which it contained, and then closed by fine long needles passed through the abdominal walls on both sides and secured in the usual manner with points of suture between each, long strips of adhesive plaster, and a bandage. The patient was then removed to bed, and two grains of opium in half an ounce of brandy was given, and ordered to be repeated in half quantities every hour until next seen by me. She did not bear the operation well; the chloroform was discontinued before the operation was half completed, and brandy substituted, of which she took from 8 to 10 ounces. She rallied towards evening, and at 9 p.m. was very comfortable—countenance calm and placid, breathing very easy, skin warm, no pain, no vomiting, pulse 132. Continue brandy and opium every two hours if not asleep. Catheter drew off a large quantity of healthy urine,

Friday, 1st June, 9 a.m. She has passed a very good night. Sleeping as calmly as a child. No pain, sickness, or vomiting; pulse 130, firm, tongue dry, thirst. The quantity of brandy was diminished during the night, as the skin became hot and dry; one-third of the quantity only was given.

8 p.m. Doing well. As the opium is producing its effects in a marked manner, half doses only are to be given. To have equal parts of milk and boiling water with the brandy, added at the time of taking it.

June 2nd. She slept well all night; is now free from the effects of the opium, and is cheerful. Pulse 136, firm; tongue moist; skin comfortable; no pain, vomiting, or uneasiness of any kind; urine secreted in large quantities. The opium to be omitted.

June 3rd. Not a bad symptom; pulse 106, firm.

June 5th. The wound was dressed to-day, and found to be united throughout its whole extent, except where the ligatures came from the abdomen. Beef tea, bread and milk, etc., were allowed.

Juue 7th. Wound again dressed, and the remaining sutures removed. It is thoroughly and completely united. Quantity of food to be increased.

June 8th. Doing well in every respect, except slight irritation of the bladder, which probably arises from the ligatures passing over its fundus. As the bowels had not acted since the operation, an enema of soap and oil was given, which afforded relief.

June 11th. From this date onwards, she continued to gain strength, and never had a bad symptom. The first ligature came away on the 29th June, and the second on the 28th August. She returned home two months after the operation.

Remarks.—Nothing could have been more satisfactory than the termination of this case. The patient was reduced almost to death's door before the operation, and the operation itself was of a most severe kind, owing to the old and strong adhesions which bound the tumor to every portion of the abdominal cavity. In two or three places the adhesions were so strong that the knife was unable to separate them with safety; I had no alternative, therefore, but to remove portions of the sac, and after scraping or dissecting off their lining membrane, I left their external peritoneal covering closely united to the colon, omentum, and anterior wall of the abdomen. The tumor was multilocular and very large, and weighed, without counting the loss from the bursting of one or two sacs, upwards of 56 lbs. Her weight immediately before the operation was 158 lbs, and on leaving Toronto, 106 lbs. Her general health improved, and she soon became stouter and stronger than she had ever been. In June, 1870, she married, and about the middle of October, 1871, gave birth to a healthy living child.

Case 6. Mrs. T., a German, of fair complexion, very much reduced in flesh and strength, was first seen by me on the 1st May, 1867, when she gave the following history of her case.

She is 45 years of age, and had always enjoyed good health until about six months ago. She was married at the age of 20, and has had two children; the eldest daughter still living, the youngest died when 18 months old, of measles. Her labours were easy and without complication. The catamenia continued regular until about two years ago, when they ceased. In November last (1866) she first began to feel ill; complaining of severe pain in the lower part of the abdomen, which she ascribed to cold and over exertion. She had been a hard working woman all her life, but particularly so since she came to Canada, about two years ago. The pain continued more or less until Christmas, when, for the first time, a small firm tumor could be felt low down on the right side. Its increase was most rapid, so much so, that she had to be tapped by the end of February, 1867. The tumor was, however, but little decreased by the operation, as two quarts only of very thick fluid came away.

May 1st, 1867. At the present time the tumor fills the whole of the abdomen, three cysts being distinctly made out. She is unable to lie down, and her respiration is difficult. Pulse 92, small and weak; tongue moist and red; stomach irritable; bowels regular; and her urine is voided with difficulty in consequence of severe pressure. A few doses of soda, rhubarb, and Dover's powder were given night and morning, from which she derived benefit, as the stomach and bowels soon regained their ordinary tone. The case having been diagnosed as one of polycystic ovarian disease, the question was,whether, in the reduced and enfeebled state of the system, an operation was justifiable or not? All the medical men present agreed that as she must sink under the disease in a very short time, and that an operation held out a forlorn hope by which her life might be saved, although the chances were very much against her, yet the attempt should be made; and urged by the solicitations of her daughter and herself, I consented to operate.

May 9th, 1867. The operation was performed to-day at the Toronto General Hospital, assisted by Drs. Beaumont, Bethune, Aikins, Wright, and Hampton; several military medical men being also present. A small incision about three inches in length was made a little below the umbilicus, and after dividing the abdominal parietes the tumor was brought into view. It was very generally adherent; some of the adhesions being very firm, while others were easily broken down. The largest cyst having been brought fairly into view, it was tapped, when six or seven quarts of thick, viscid, light greenish yellow fluid came away. The opening was closed by ligature, and other adhesions were then broken down. The tumor involved the uterus, to which it was firmly adherent, producing elongation of its body, which was drawn to the right side. The broad ligament and its contents on the right side were much thickened, enlarged, and firmly adherent to the cysts. After separating the tumor from the pelvic organs, a double whip cord ligature was passed through the peduncle; one being tied near the uterus, the other an inch from it, and the pedicle divided between them. In separating some of the adhesions after the division of the peduncle, the ligature attached to the uterus slipped, there was free hemorrhage, but each vessel was afterwards separately and securely tied. One cyst filled the whole cavity of the pelvis, and was also firmly adherent; but the strongest and firmest adhesions were at the anterior and upper part of the tumor. After carefully breaking down or otherwise dividing the adhesions, the tumor was turned out of the abdomen and removed. There was pretty free and general oozing from the torn and divided adhesions, but it ceased after a short time. The wound was closed by four long needles passed through all the tissues forming the abdominal coverings, and secured with the figure of eight suture; there were also several points of suture between these, together with strips of adhesive plaster and a flannel bandage. The anæsthetic used was a mixture of three parts ether, two of chloroform, and one spirits of wine. It certainly relieved her of pain; but I think it depressed her very much and deranged the stomach, much more than chloroform usually does. She was much depressed after the operation; cold feet and legs; and pulse 116, small and feeble. Brandy was given in milk, and one and a half grains of opium as soon as she was placed in bed; these were repeated from time to time as the urgency of the case required.

8:30, p.m. Reaction is fairly established. Surface of the body generally warm; feels comfortable; no pain; has dozed occasionally; passes her urine freely, and expresses herself as much relieved. Before the operation the pulse was 150, small and weak; after the operation, 116; before she was removed from the table, 112; and after being placed in bed, 108. At 8:30, it had risen to 120.

May 10th. She passed a good night, perfectly free from pain, and feeling as she expressed it, "as good as new." She slept during the greater part of the night, but towards morning she vomited, or rather the contents of the stomach were regurgitated. At 2, p.m., her countenance was very good, no expression of anxiety; tongue moist and clean; quite free from pain, except when making firm pressure, when a little soreness is complained of; pulse 120, moderate force; skin, comfortably warm; urine, plentiful and clear, but *there is slight tympanitis.* She has taken a plentiful supply of brandy, milk, &c.

8, p.m. The stomach is very irritable, rejecting everything. She thinks the milk disagreed. Brandy and water in lieu of the milk, and good beef tea; and liq. opii. sed. ʒ ss, every two or three hours as required.

May 11th, 8 a.m. Constant vomiting all night, no food having been retained, and very little brandy. She is very weak and depressed,—pulse 120, small and weak; skin moderate temperature, tongue moist and white; is free from pain, and urine secreted in normal quantity. She complains only of weakness, is free from pain, but the distention of the abdomen is greater.

Noon. The stomach rejects everything. Brandy and egg ordered, with the subcutaneous injection of ¼ gr. morphine. Small bits of ice in the mouth. Notwithstanding every care, she continued to sink, and died at 7:30 p.m. No *post-mortem* was allowed by the friends.

Remarks.—In a very able little work, by Mr. Thos. Bryant, of Guy's Hospital, he says: "Ovariotomy should not be thought of when the patient's general condition of health is very bad, or the powers feeble,—when there is any evidence of disease in any other organ than the ovary,—when, indeed, it is tolerably evident that the powers of life are unable to withstand the shock of the operation, and seem incapable of rendering the needful reparative assistance for the recovery of the case."

This was nearly the unfortunate condition into which this patient had been reduced, by the extremely rapid development of the disease before I saw her. True, there was no disease in any other organ except the ovary; but, the rate of increase was so great, and her powers of life were so much diminished, that I at first declined to operate, until urged by herself and friends to give her the only chance left of prolonging her life. "It is true," says Mr. Bryant, "that a surgeon is sometimes led to perform an operation in almost desperate cases, when suffering is severe, and death is certain if the patient is left alone, although the scientific probability of saving life is almost *nil*, such as in neglected hernia, in certain examples of amputation for disease or accident, in the ligature of a vessel, or the excision of a tumor." Under like circumstances, a surgeon may be called upon to perform ovariotomy, when a patient is evidently being worn out by the disease, and by it alone; when life's tortures are not worth prolonging, and death can be calmly looked at and even wished for; when there is a scientific possibility that, on the removal of the local disease which is clearly destroying life, the powers of the patient may rally, and that at any rate relief from suffering will be secured; under such conditions an operation may be admissible. "Under certain circumstances, consequently, the surgeon may be justified in performing ovariotomy with the object of giving relief, when only a scientific possibility exists of doing more, in the same way that he may be justified in doing any other operation, with the same object and a like slender hope."

CASE 7th.—Miss S. S., æt. about 40, of dark complexion, very dark hair, and general healthy appearance; had always enjoyed excellent health until about two years ago, when, without pain or any apparent cause, she found herself increasing in size, more particularly in the lower part of the abdomen. About this time the catamenia became irregular, sometimes profuse, sometimes scanty, although they returned at their regular periods and without pain or suffering.

Twelve months ago she was attacked with very severe pain in the left hypogastric region, which continued for some time, but ultimately yielded to the free use of opium. The pain was of a very acute kind, and spread across from the left to the right side low down in the abdomen, and was supposed to be of an inflammatory character by the medical man in attendance. The following month it returned again, very severe for a time, and like the former attack was soon relieved, although not so completely as before. More or less pain and uneasiness continued for four months after this last severe paroxysm, and she gradually but rapidly increased in size, until she was relieved by tapping, six months from the first attack. The catamenia made their appearance on both these occasions, but since she was tapped, now eight months ago, they have only made their appearance two or three times, and then very scanty. The tapping relieved all pain, and she soon felt as well as ever. Twenty-four quarts of thick, dark, mucoid fluid came away, surcharged with cholesterine. The fluid, however, speedily re-collected, and at the end of three months she was as large as ever.

When I saw her for the first time, five months after she was tapped—Nov., '67—the abdomen was greatly distended, and it was impossible to state positively whether the tumor was uni or poly-cystic, adherent, or otherwise. Her health was very good, and her spirits excellent. The season just then was particularly unhealthy,—erysipelas, typhoid fever, &c., being very prevalent, and as she was not suffering from the distention, being able to sleep comfortably, take exercise, and eat well, I advised her to postpone any active proceedings until she became more inconvenienced. She accordingly returned home and lived her usual ordinary domestic life, which she enjoyed, until the beginning of February, 1868, when she returned to Toronto for the purpose of being tapped. She appeared in excellent health and spirits, not complaining of anything beyond the inconvenience from the weight and distention.

Feb. 8th, 1868. I tapped her and drew off about 24 quarts of the same dark-colored mucoid fluid. A day or two afterwards I made a careful examination of the abdomen, and found the disease to be multilocular cystic ovarian, with a considerable quantity of solid matter, and which appeared to be more or less adherent. Having had everything fully explained to her, and at her own most urgent request, her general health being very good, the 5th of March was the day decided upon for the operation.

Thursday, 5th March, 1868. She is in excellent spirits, and expresses her full conviction that she will do well. Drs. Beaumont and Bovell kindly assisted in all the ordinary arrangements, and when completely under the influence of chloroform, Dr. McKinnon, Med. Staff, Dr. Tuson, 17th Regt., Dr. Martin, 13th

Hussars, and Dr. Baker, Med. Staff, came into the room. The incision extended from the umbilicus to an inch above the pubes, and after carefully dividing the coverings, the peritoneal cavity was opened. Immediately there flowed away a quantity of yellowish serous ascetic fluid, in which numerous flakes of lymph were seen,—and the tumor was found to have many firm adhesions. Two of the largest cysts were opened and a quantity of thick turbid fluid flowed through the tube. The principal adhesions were laterally to the abdominal walls, and posteriorly to the large intestines and omentum; these were broken down or otherwise divided, and the tumor was drawn out of the abdomen. The peduncle was pierced, and a double whip-cord ligature applied, and the pedicle divided; but before the tumor could be removed, it was necessary to apply a third ligature to some very strong and old adhesions which united it to the broad ligament and fallopian tube on the right side. The intestines were very flaccid, and the peritoneum covering them, as well as that lining the cavity, and the omentum, was of a yellowish color, and covered with patches of lymph,—the result of chronic inflammatory action. The fluid in the abdomen having been carefully sponged away, the wound was closed by five long needles, passed through the whole of the abdominal walls and held by the figure of 8 suture, points of superficial suture being placed between the needles. A few long strips of adhesive plaster and a bandage completed the operation. She vomited freely on recovering from the effects of the chloroform, before her removal from the table; and on her being placed in bed, 2 grs. of opium were given, with one grain to be repeated as required.

5th, 9 p.m. She had completely rallied, her warmth being good; pulse 84, firm; countenance good; but complains of sickness and pain in the back. The urine was drawn off, she was turned slightly on her side with a pillow against her, and she felt comfortable.

6th, 9 a.m. She has passed a good and quiet night, frequently sleeping half an hour at a time, and since 6 a.m. she has slept soundly; countenance very good; no pain; tongue moist, pulse 100, weak; skin comfortable; she is cheerful and hopeful. She has had eight grains of opium altogether. Catheter passed. Discontinue opium. She has had occasionally a spoonful of brandy and water, and beef-tea or chicken broth every hour or two.

6th, 9 p.m. Has passed a comfortable day, no pain except a twinge in the pedicle occasionally; cheerful, pulse 94, firm; respiration easy; takes her beef-tea and brandy and water from time to time; urine drawn off, to have opium at bed-time. At midnight she was not so comfortable, vomiting having distressed her—much flatulence, pulse 98. To have opium grs.ij. at once, and only two teaspoonfuls of fluid at a time.

7th, 9 a.m. She passed a restless night, the nausea and vomiting returning at times. The pain had also been severe, although not constant, sometimes entirely free. Tympanitis, flatulence, pulse 102, small, sharp; tongue white, moist; no headache, but feels depressed. Discontinue opium; subcutaneous injection of ½ gr. morphine and ol. terebinth M. viii., in mucilage, every three or four hours.

7th, 12 p.m. The subcutaneous injection and turpentine relieved all pain and sickness, and induced sleep. Pulse 96, complains only of thirst; in every other respect feels better.

8th, 9 a.m. Has passed a very good night, no sickness or pain, slept nearly the whole night. and says she is nearly well again. Discontinue morphine and turpentine.

8th, 10:30 p.m. Has passed a comfortable day, taking a moderate quantity of nourishment; pulse 94, soft.

9th, 9 a.m. Very comfortable, quite free from pain, but did not sleep; complains only of thirst; continue.

March 10th. Passed a fair night, but without much sleep; suffers from flatulence, for which she has twice taken turpentine. Bowels have acted naturally, affording her much relief, being more quiet and composed; pulse 96, soft; appetite good.

12th. Being unable to attend through illness, Dr. Bovell kindly dressed the wound for me. He found it united throughout, except at the lower angle where the ligatures came out, and on removing the first dressings a very copious discharge of ascetic fluid took place, completely wetting every thing about her. The fluid was straw-colored, with small flakes of lymph in it, and was no doubt the result of the chronic inflammatory action, going on and seen at the time of the operation. Dr. Bovell dressed the wound with carbolic acid and oil, and ordered champagne and white of egg.

13th. Assisted by Dr. Bovell, I dressed the wound and removed the needles which had been passed through the abdominal parietes. It was quite firm, except the lower angle, from which still flowed a small quantity of serous fluid. She feels well; bowels relieved three times; pulse 96, soft; skin moist. Ordered a mutton-chop and brandy and water, and the following mixture:—

℞—Hyd. Bichlor, gr. j.
Solve in Aq. Cinnamomi, ℥ j.—Dein. Adde.
Tinct. Cinchon., ℥ iij. M.
ʒ ij.—Sextis. Horis.

15th. She continues to improve; appetite and spirits good; complains only of irritation of the bladder and frequent desire to make water,—a symptom which I have noticed many times, and ascribe to the irritation of the ligatures attached to the peduncle. A little healthy pus escaped from the course of the ligatures.

19th. The first ligature came away to-day, and there has been a free discharge of purulent matter since the 15th.

24th. Second ligature separated.

April 4th. The last ligature came away. She is rapidly regaining strength, and has not an ache or pain.

14th. Returned home to-day in perfect health.

Remarks.—This case was most unpromising at the time of the operation. Not only were the adhesions very general and strong, but the whole peritoneal surface of the abdomen was, at the time, in a state of chronic inflammation. The small intestines were glued together, the peritoneum thickened and of a dirty yellowish color, patches of lymph were seen throughout its whole surface, and a large quantity of serous fluid, with flakes of lymph flowed out, on opening the cavity. Yet her recovery has been perfect, she enjoys the best of vigorous health, and is able to undergo more fatigue than she could before the operation. The tumor was very large, and as nearly as we could estimate, weighed 50 lbs. The principal bulk, however, was formed by one very large cyst, the fluid contents of which more than filled a large sized pail; there were also two smaller cysts which I tapped before the adhesions were overcome, and the whole removed. The solid part was also large, and appeared to be formed of the stroma of the ovary, in which were imbedded innumerable small cysts. The peduncle was short, and it would have been impossible to have taken it to the lower part of the wound without undue dragging; therefore, it was left in its natural position, and the ligatures alone brought out.

(*To be Continued.*)

CASE OF TRAUMATIC TETANUS.

BY P. H. SPOHN, M.D., PENETANGUISHENE.

On the 18th of April I was called upon to see David C——, who had been accidentally shot through the posterior part of the leg, about the middle third, the charge passing from behind downwards and outwards, the accident having been occasioned by a person carrying a gun at full cock. Part of the fibula was carried away, and as the muzzle of the gun was quite close to the leg, a number of shots passed completely through. The wound was dressed about twenty hours after the accident,—a poultice being applied, followed by a dressing of carbolic acid and oil, 1 to 10 or 15 parts, with cold water to keep down the inflammation, and morphine to relieve pain. The shattered parts sloughed away nicely, carrying some grains of shot and small portions of bone. The patient progressed favorably, and suffered but little pain after the fourth or fifth day.

April 28th. Wound doing well; little or no swelling, with a small portion of shattered bone protruding.

May 2nd. Saw the patient, in consultation with Dr. Gilmore, and found another portion of bone protruding, around which the wound was slightly inflamed. Applied a poultice of flax-seed and opium.

5th. Patient complained of slight stiffness about the jaws, saying that he thought he had taken cold during the night; this was the first symptom of any trouble. Removed the portion of bone, which came away quite easily; added Belladonna to the poultice, and gave morphine every three hours. The portion of bone removed had only made its appearance after the soft parts had sloughed away.

8th. Saw the patient again, in consultation; found the wound healing, but the stiffness about the jaw gradually increasing; gave hypodermic injections of morphine.

9th. Patient had rested well during the night; but the jaws becoming more immovable, gave another injection of morphine; poultice, with Belladonna still applied.

10th. Stiffness of jaws increased, with occasional spasms; much difficulty in passing his urine. I now applied the "Spinal Icebag," which gave marked relief; the patient falling into a very quiet sleep.

11th. Seemed easier, although I was compelled to use the catheter; could open his jaws wider than he could the preceding day.

12th. Still improving; had every confidence that the ice-bag would succeed in arresting the disease, as the patient had gradually improved since using it.

13th. Passed a quiet night, but the icebag seemed to lose its power, as the spasms increased in severity about noon, the patient being unable to open his mouth. During the afternoon the spasms still increasing, I gave Cannabis Indica, which was continued all night without effect, as the spasms were gradually gaining ground.

14th. His stomach growing irritable, and being unable to take the Indica any longer, a poultice of tobacco was applied to the wound about 10 a.m., at which time his pulse was 105; 11 a.m. pulse 100; spasms more severe, with violent attempts to vomit. 11:30, pulse 96; spasms slight; patient comparatively quiet until 1 p.m., when the spasms returned with increased force. 3 p.m. Gave an injection of infusion of tobacco, producing no beneficial effect, as the spasms followed each other more rapidly, although the pulse was lowered. 3:30 p.m. Applied the icebag, which had not been used since 6 p.m. yesterday. 4:30 p.m. Spasms still strong, pulse 108; gave a second injection of tobacco at 6 p.m.; followed by a violent spasm, which was relieved by chloroform, after which he slept for several hours.

15th. Spasms less frequent; pulse varying from 80 to 90. Continued the icebag to the spine; applied tobacco to the wound, and relieved the spasms with chloroform. During the afternoon the spasms diminished in frequency, but increased in severity, extending over the whole body, but apparently greater in the wounded leg.

16th. Ice to the spine; tobacco to the leg; kept the spasms under control by chloroform; pulse from 65 to 80.

17th. Had a good night's rest, only two or three spasms; taking beef-tea every four hours, which he seemed to relish. Kept the leg enclosed in tobacco, and the few spasms which came on during the day were checked by chloroform. Appeared much easier during the afternoon, and about 10 p.m. passed his urine without the use of the catheter,—it having been used twice daily since the 10th.

About midnight the spasms again increased; the chloroform seeming to lose, to some extent, its controlling influence.

18th. 2 a.m. Spasms most violent,—chloroform not having the slightest effect. Opisthotonos existing to a frightful degree. I tried chloroform until 3 a.m.; but, the spasms still increasing and following each other in rapid succession, it desisted, and from this time they gradually gained power until 5 a.m., when he died in one long, frightful spasm.

The patient was a robust, healthy man up to the time of the accident. His bowels were kept free during his illness, and after he became unable to open his mouth, his food which consisted principally of beef-tea, was passed through a space formed by the loss of a tooth. I have used the spinal icebag a number of times, and found it to answer a very good purpose, especially in delirium tremens; but am convinced that it will not prove a "*panacea*," as I believe it had a fair and impartial trial in this case.

From the relief it gave during the first two days, I felt confident that it would succeed, and only sent for the Calabar bean after the ice failed; but as the former was not to be had north of Toronto, it arrived too late to test its efficacy in this case. Although the icebag did not accomplish what I expected, still it gave more permanent relief than anything else; and the patient, who was conscious to the last, would ask for it when taken off. I also found that the local application of tobacco with the icebag was better than the ice alone.

I would not wish to disparage the usefulness of any particular remedy, but believe that all modes of treating the disease, however faithfully they may be adhered to, will sometimes fail; in fact, fail in the great majority of cases of Traumatic Tetanus; and that cases in which a cure is effected, are rare exceptions, and that if we had statistics of all the cases treated, the small number of recoveries would too painfully bear out this statement.

RETROFLEXION OF THE UTERUS.

BY EDWARD HORNIBROOK, M.D., MITCHELL, ONT.

Mrs. M., æt. 36, consulted me in August, 1870, and gave the following history. Is the mother of four children; labours always natural. Her husband left her four years ago, when she thought herself at about the fourth month of gestation. Shortly after she was lifting heavy bags of wheat, and felt something give way. From that time she felt a sense of fulness in the pelvis and constant bearing-down pains, with pain and tenesmus at stool, and painful and frequent micturition. She consulted a medical man who, she says, assured her that all would be right after her confinement. She continued to increase in size and *labour came on?* at the expected time. She had the doctor and nurse in attendance for three days, and she says the pains were very severe but nothing came away. After that period she menstruated regularly, but the discharge was neither profuse nor offensive. Says she consulted several medical men, but none of them gave her any satisfaction.

She has now, August, 1870, the appearance of a woman about the seventh month of pregnancy; the abdomen is large and hard, but on careful examination a tumor not larger than a child's head can be discovered above the brim of the pelvis; the breasts are large and flaccid, every movement causes pain, and she spends most of her time in the recumbent position.

She suffers pain in micturition but there is no retention. Her bowels move frequently, and the motions are attended with pain and tenesmus. On a vaginal examination the pelvis is found filled with a round, hard, apparently solid and immovable tumor. By using considerable force I can distinguish a small slit above the pubes, which I suppose to be the *os uteri*. I asked the late Hon. Dr. Rolph, Dr. Bowie, Dr. Davidson, Dr. J. W. Rolph and Dr. Dunsmore to meet me in consultation the next day. By bending the sound at right angles, I was enabled, in the presence of the medical gentlemen named, to pass it into the uterine cavity. It passed backwards towards the sacrum about four inches, without meeting with any resistance. On rotating the sound to explore the anterior wall, I felt something give way as if the point had passed through a stricture, when, to my astonnishment, as well as horror—for no force had been used—I found the point would pass without obstruction to any part of the abdominal cavity, through the walls of which it could be distinctly felt. It could be both felt and seen bulging out the abdominal parietés at the epigastrium, and yet the patient did not complain of pain.

My medical friends observed a judicious reticence; indeed none of them seemed to think the walls of the uterus could possibly give way without the application of force, which they could see had not been used. The late Dr. Rolph alone suggested that "perhaps a false passage had been made."

On withdrawing the sound, it was stained with blood, but there was no hæmorrhage, and the patient did not complain of pain. There was no appearance of shock to the system. She was ordered to keep perfectly quiet, and to send for me at once if she had the slightest chill or pain.

Four days afterwards she presented herself at my office, and stated that she had suffered no inconvenience from the last examination, and was importunate to have something done. I placed her upon her knees and elbows, in such a position that the pelvis was very much raised, introduced a number twelve silver male catheter into the *os uteri*, placed the forefinger ot my left hand in the rectum, the thumb of the same hand in the vagina, so that I could make pressure with both on the tumor, and with my right hand used what traction I thought safe on the catheter. After about twenty minutes patient and gentle work, the tumor suddenly slipped from the pelvis, and the *os uteri* came into its natural position.

The patient complained of great pain at the time, and great tenderness of the abdomen; and pain remained four days, when it subsided under the influence of opium and hot fomentations. I then dilated the os with sponge tents and thoroughly explored the uterus. It measured four inches from cervix to fundus, and was not occupied by clots or any remains of a fœtus as the patient expected. The tumor, therefore, which filled the pelvis must have been the thickened and indurated posterior wall of the uterus; and the pregnancy and "labour," of course, only existed in the patient's imagination.

She rapidly gained flesh and strength, and was enabled to resume her household duties without pain or inconvenience.

About four months after the first operation, she returned, saying that all her old symptoms had come back. I found the vagina filled with the retroverted uterus, not half the size it was at first. By making steady pressure with the forefinger it slipped back into its normal position, and has never troubled her since. She is now in perfect health, the enlargement of the abdomen is subsiding, and she says she can run about, dance as well, or walk as far as any woman.

I have reported the above case, mishap and all, for I believe that if any benefit is to be derived from reports of cases the whole truth must be told. Indeed, the case would not be worth reporting but for the mishap. My *confrerés* may think it illustrates my bungling; but to me it shows that in certain diseased states of the uterine walls, they may be, as an eminent Toronto medical man once said in giving evidence in an important case, "like a rotten shutter ready to give way."

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A CASE OF SPINA BIFIDA CURED

From the Medical Clinic of Prof. Weber in Halle, Reported in the Berl. Klin. Wochenschrift, by Dr. Carl v. Bruxn, Clinical Assistant.

Medical literature furnishes us with the history of but few cases of spina bifida resulting in cure, especially when the cavity of the tumor has been found to communicate with the spinal canal. Various operative procedures have been recommended for the removal of this deformity, but, however highly lauded at first, they have soon failed to give satisfaction and have fallen into oblivion. It cannot therefore fail to interest the profession generally, whenever, by any means, the cure of this condition is accomplished.

On the 30th of November, 1870, at the Medical Clinic of Prof. Weber, in Halle, there was presented a child 15 months old, suffering from the presence of a tumor on the back, about the size of a duck's egg. The mother's report of the origin and progress of the growth was as follows :—

At birth, the child appeared well and normally developed, with the exception of a rather large head and a small tumor, hardly the size of a hazel-nut, situated on the back at the base of the neck. This tumor was tolerably firm, painless, covered with normal skin, and perfectly tolerant of general pressure. It inconvenienced the child so little that the parents were entirely unconcerned with regard to it, even when, on the third day, it filled up somewhat with fluid, thereby increasing its size. For the first six months of its life, the child was perfectly well nourished, and flourished finely at the breast. At this age it was weaned, and now a change followed. The nutrition of the body was interfered with, the growth of the tumor commenced; the child, hitherto plump and good-natured, grew emaciated and fretful; the process of teething was not set up; the intellect remained undeveloped, and the little sufferer was a pitiful object to behold. At the same time the tumor, which had hitherto been stationary, began to grow, and increased in size until reaching its present formidable proportions. The skin over it became exceedingly tense and very much thinned; that over the lower two-thirds assumed a purple hue, and the fear naturally suggested itself that some fall, or accidental blow or pressure might, at any time, rupture the tumor and destroy the life of the child.

Under these circumstances, the mother was very anxious to have an operation undertaken, and persisted in her demand, even after all the risk involved had been duly set before her. Thus urged, Prof. Weber at length reluctantly consented to operate.

The condition of the child on her admission to the Clinic was as follows: She was small for her age (15 months), badly nourished and rachitic; head large, fontanelle extensively open, face flabby and old looking, neck long and thin, and the lymphatic glands on both sides swollen. The trunk, owing to existing cyphosis, was bent forward and twisted on its axis; the belly protruded and was tense; the epiphyses of the long bones were enlarged.

The tumor was attached posteriorly opposite the site of the 1st to the 3rd dorsal vertebræ. It was of the size of a duck's egg, tense, elastic, of a bluish red color (only the upper fourth being covered with natural skin), and was attached to the spinal column by a pedicle about an inch and a-half by half an inch in diameter. It felt like a cyst, with extremely thin walls and fluid contents. It was not possible to determine with certainty whether the cavity or walls of the sac contained any other elements or tissues, as, for example, nerve substance; but the low degree of sensibility, as well as the absence of any general nervous disturbances on handling or compressing the tumor, argued against such a supposition.

The question of the greatest importance, as determining the character of the growth and the probable results of an operation, was whether the cyst communicated either with the cavity of the meninges or of the spinal canal. The evidence on this point was a little conflicting, but, on the whole, went to prove that such communication did not exist. Firm compression of the tumor produced no perceptible movement of the fontanelle, nor any evidence of irritation of the spinal cord or brain. On the other hand it was certainly possible, by means of gentle pressure, to effect a diminution in the size and tenseness of the tumor, which could only have been accomplished by forcing out a portion of its fluid contents into the cavity of the meninges. This could be done but slowly, showing that the channel of communication must be of very small calibre. Nevertheless, we unquestionably had to do with a case of spina bifida, a tumor resulting from arrested development and a consequent partial leaving open of the spinal canal. This, with the badly nourished and rachitic condition of the patient, gave but little to hope for as the result of operative interference.

It having been decided, however, to make the attempt, the next question was, what method of operation should be undertaken. The literature of the subject offered but little that was encouraging, and no sufficient inducement to follow exactly any one of the operations hitherto in vogue. Prof. Weber, therefore, determined on one which should combine the elements of some of those previously attempted, viz., gradually increased compression of the pedicle, accompanied by successive evacuations of the contents of the sac. By this means he hoped to bring about so gradual a necrosis of the tumor that, by the time it should fall off, the channel of communication through the pedicle would be obliterated.

The operation took place on the 2nd of December, 1870. While an assistant drew the tumor as far from its bed as possible, thus elongating and narrowing the pedicle, a clamp was placed around the latter, as near as possible to the spine, and gently closed, so that the pedicle was just moderately compressed. (For this purpose, one of Hutchinson's ovarian clamps was used.) Then the canula of a Pravaz syringe was introduced, being passed obliquely through the skin, and about half the contents of the sac were withdrawn.*

In proportion as the tumor and the pedicle diminished in size, the clamp was screwed the tighter, so that after the withdrawal of a part of its contents, the tension of the cyst was kept about the same as before. Owing to the oblique introduction of the canula, not a drop of fluid followed its withdrawal, neither, of course, could any air enter.

The child bore this operation uncommonly well. No febrile reaction and no nervous disturbances followed. Therefore we did not hesitate on the next day, the tumor having become a little larger and harder, to withdraw another portion of fluid and still further tighten the clamp. This proceeding was repeated daily; the tumor collapsed, became cold, ulcerated, and, on the seventh day, fell off, carrying with it pedicle and clamp. We now had before us a granulating surface of about the size of a silver half dollar, but—to our disappointment and dismay—there appeared in the centre of this space a depression from which, on the child's struggling or crying, flowed the same clear fluid which we had found in the cyst! Our plan for obliterating this channel of communication with the spinal canal had failed. The only thing that prevented the passage of air inwards through this channel was its small calibre. But the prospect for the patient was most gloomy.

We now treated the opening with cauterizations, by the ordinary means as well as by the actual cautery. The only result was a narrowing, not a closure of the opening, and a general tendency of the wound to cicatrization. Notwithstanding the continued escape of the *liquor cerebro-spinalis*, though now in less amount than at first, the general condition of the child improved, it became better nourished, no nervous symptoms appeared, and the wound began to heal kindly.

In this condition the little one was sent home on the 16th of December, two weeks after the operation and seven days after the detachment of the tumor. One month later, the mother reported as follows: "At first, the child was very weary, slept much and quietly, cared for neither food nor drink; this lasted about two weeks; then she grew livelier, began to eat, raised herself up in bed, and now often sits up for an hour at play. To-day the spot is entirely closed. Yesterday it suppurated a little, but to-day a thin skin has grown over it. There has been no discharge from the opening in the centre for the past two weeks."

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* The fluid withdrawn was clear and watery in appearance, and proved to be rich in chlorides, but devoid of albumen. Under the microscope, it presented but few cells, and those were chiefly epithelial.

Thus we see that the canal was obliterated three weeks after the detachment of the tumor, and that in two weeks more the entire surface of the wound was covered with skin.

On the 11th of March, three months and a-half after the operation, the child was again presented at this clinic. A firm, hard linear cicatrix is all that now marks the former site of the tumor. And what a change in the general appearance of the little patient! The face no longer looks old and wan, but shows the round, red cheeks and the bright eyes of childhood; teeth begin to show themselves; the baby tongue begins to prattle; the abdomen is no longer distended; the extremities are growing rounded, and only the curvature of the spinal column remains of the sad deformities which but a few months since made this child one of the most pitiable objects on earth.—*Kansas City Medical Journal.*

MANAGEMENT OF SORE NIPPLES.

BY DR. S. CONANT FOSTER, N. Y.

This very common affection is the source not only of a vast deal of suffering to the patient, but frequently of annoyance and discredit to the practitioner. Yet its treatment will be found very simple and effectual if a little reflection be bestowed upon the conditions of its existence, and the objects to be attained. Much might doubtless be done in the way of prophylaxis if we could begin early enough, but as this is seldom the case, especially in first pregnancios, where the need is the greatest, we must be content, usually, with remedial means. Most sore nipples may be placed in one or two classes, as follows:—

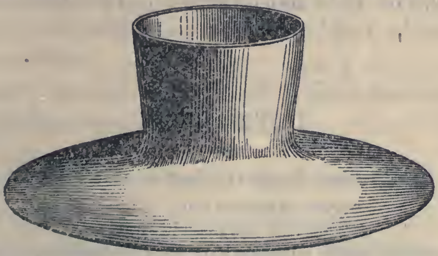
1. Excoriations at the top of the organ, attended usually with considerable tumefaction and consequent obstruction of the mouths of the milk-ducts.

2. Fissures, chiefly at the root, and extending often half-way around it.

Both of these forms are aggravated by the heat of the dress, the contact of the clothing with the ulcerated surface, the supposed necessity of frequent washings and dressings, etc. And of course the unavoidable effect of the repeated application of the child's mouth is another injurious element. To protect the nipple, as far as possible, against the action of these causes, is the primary object of treatment. In proportion as this can be done effectually, the cure will be rapid and complete.

1. Keep the parts constantly lubricated. For this purpose nothing is so beneficial as castor-oil. Every other unctuous substance, even glycerine, which perhaps is the next best thing, is far inferior to it. The reasons of this are, 1st, that it is with great difficulty rubbed off, and, 2nd, that it has an anodyne property. It will be found still coating the ulcerated surface after the child has been nursing. The nipple should be smeared freely with it immediately after the child is removed from the breast, and as often as it nurses. No rags or lint of any kind should be used. These are not merely unnecessary: they are very injurious.

2. The nipple should be exposed as much as possible to the air, and the contact of the clothing prevented. This was and is often still attempted by means of the so-called "shells" and other contrivances, but ineffectually. These are heavy and hot and hurtful. The only thing which will accomplish the object thoroughly is a shield such as is here represented.



It consists of a disk about two inches in diameter: in shape, the segment of a large sphere, from the centre of which rises a turret, high enough to reach above the top of the largest nipple, protecting it efficiently from the contact of the clothing. The under-surface of the shield is hollowed out, leaving merely a slightly elevated ring around the aperture through which the nipple is inserted. The turret is hollowed out and made flaring on the inside, so as to permit but the smallest possible extent of surface in contact with the organ. The entire nipple is thus left exposed to the air. The elevated ring around the base of the turret, by pressing gently upon the lacteal sinuses, favors the spontaneous emptying of these vessels, thereby removing an important source of irritation. The fluted under-surface of the disk helps to keep the shield in place, through atmospheric pressure, and is generally sufficient, with the aid of the usual clothing, for this purpose. If anything more is required, a narrow band of linen having a button-hole in the centre big enough to go over the turret, and attached by pins or otherwise to the dress will suffice The shield should only be removed for the child to nurse. After each nursing, anoint with castor-oil, and re-apply it.

The material of which these shields are made, viz., wood, combines in a higher degree than any other the important properties of lightness and coolness. All the essential conditions of treatment are thus fulfilled. Little else is necessary for a cure, excepting in the case of fissures, which are often materially benefited by the application of a point of nitrate of silver over the whole of their surface, to be followed immediately with a free unction with castor-oil. This will rarely require repetition if the other directions are attended to. The nitrate may also be of service in cases where exuberant granulations have been allowed to form on the excoriated summit.—*Medical Circular and Register.*

LETHARGUS.

BY THOMAS H. BAILEY, M.D., NEW YORK,

Surgeon Nautical Ship "Mercury."

This singular and invariably fatal malady, peculiar to the negroes of certain districts on the western coast of Africa, has never, I believe, been noticed in the medical journals of this country, which is not surprising when we consider that a knowledge of it is practically unimportant to the profession outside of the district where it occurs. As a curiosity, however, in the form of a disease, it cannot fail, I think, to interest the medical faculty of our country. I therefore lay before you, in brief, facts gathered concerning this disease during my stay on the western coast of Africa.

Through the kindness of Dr. Robert Smith, colonial surgeon at Freetown, Sierra Leone, I was enabled to see in the hospitals under his charge a number of cases of lethargus.

As the name implies, the principal—and, in fact, only—symptom that presents itself is lethargy; and one case is essentially a stereotype of all.

The patient, usually a male adult, is seized without any premonitary symptoms with a sensation of drowsiness, which continues rapidly to increase in spite of all efforts to throw it off, until he sinks into a profound and seemingly natural sleep. This continues for about twenty-one days, when death takes place. Throughout the course of the disease the patient preserves a quiet and peaceful countenance, may be easily aroused for a short time, will take nourishment, and generally answer a few questions in a perfectly rational manner.

The pulse, respiration, and temperature remain normal throughout, the pupil is neither dilated nor contracted to any noticeable extent, and the urine and fæces are voided with comparative regularity. With the exception of the abnormal tendency to sleep, nothing exists to denote disease.

Many careful post-mortem examinations have been made by competent men, but nothing of an abnormal character has been found. Dr. Smith informed me that every remedy that could possibly be of any avail had been used without any apparent beneficial effect.

They sleep on, and quietly glide into eternity in spite of professional skill.—*Medical World.*

BROMIDE OF SODIUM.

BY MEREDITH CLYMER, M.D., NEW YORK.

Whatever may be the real therapeutic value of the bromide of potassium in the treatment of epilepsy and other disorders of the nervous system, it has come to be generally acknowledged that its prolonged use is often attended with serious inconveniences, and even dangers, as dulness of the mental faculties, loss of memory, great muscular feebleness of the lower extremities, etc. I have heard many epileptics declare that they would rather suffer from their fits than from the condition brought on by the doses of bromide of potassium necessary to suspend their attacks, or lessen the number of them. It is, therefore, a matter of some moment to those who treat nervous disorders to find a remedy of that efficacy so largely claimed for the bromide of potassium in some affections.

There is reason to believe that in the *bromide of sodium* a happy substitute has been found that will fully meet every indication for which the bromide of potassium has been given, while it is much better tolerated by the system, and free from the objections which are justly urged against the latter. For some time past, I have habitually used the bromide of sodium in all disorders of the nervous system where before I prescribed the bromide of potassium, and, so far, as my own experience goes, speak positively to this point. I have given it in a number of cases of epilepsy continuously for months without any of the unpleasant symptoms which so constantly follow the prolonged administration of the potassium salt, except the eruption, and with the best results in mitigating or suspending the paroxysms. Dr. Decaisne has given the bromide of sodium for a year without its producing the systematic saturation so frequent during the long and continuous exhibition of the bromide of potassium. According to Nimias, of Venice, this latter salt accumulates in the various organs, the brain, spinal cord, lungs, liver, etc., and is neither readily eliminated or assimilated. Soda is the alkali found throughout the body, and in all the secretions, and would naturally be more readily absorbed and appropriated than the potassic salt. Another point in favour of the use of the sodic rather than the potassic salt, and which, so far as I know, has not yet been mentioned, is the fact of the depressing influence of potash on the heart when they are largely or long given. No such effects are alleged to follow the continuous use of the salts of soda.

The taste of the bromide of sodium is much less unpleasant than that of the bromide of potassium, being very like common salt, and it may be used to replace the latter, mixed with the food, as with bread and butter, eggs, in milk, etc. Hence it is of more easy administration than the bromide of potassium, to the taste of which some persons have invincible repugnance, and increasing with its use.

It is of the first importance that bromide of sodium should be perfectly free of all impurities, particularly of iodine. Larger doses of the hydrated salt are required than of the anhydrous, for it crystallizes with four equivalents of water. According to Dr. Morin (*Comptes of the Académie des Sciences,* January and April, 1870), anhydrous bromide of sodium contains 11 per cent more bromine than bromide of potassium. Dr. M. and Balard, the discoverer of this salt (1826), give the following table of the approximative amount of bromine in the corresponding quantities of bromide of sodium and bromide of potassium :—

BROMINE. Grammes.	BROMIDE OF SODIUM. Grammes.	BROMIDE OF POTASSIUM. Grammes.
6·33	4·33	5·00
6·66	8·66	10·00
10·00	13·00	15·00
13·33	17·33	20·00
16·66	21·66	25·00
20·00	26·00	30·00

The doses of bromide of sodium are about the same as those of bromide of potassium. In epilepsy, I usually give 20 grains three times daily, and have rarely gone above that amount. It sometimes seems to cause or encourage constipation.—*Medical World.*

CHLORAL HYDRATE IN CHOREA.

BY J. BRIDGMAN, M.D., TORONTO.

About two months ago I was called upon by a young lady, about eighteen years of age, who was suffering from symptoms indicative of a complete derangement of the nervous system. From her own history of the case, as well as that of an intimate friend, I learned that these symptoms first appeared about three years ago, and were strongly hysterical. At first they were very slight, and only noticed by those with whom she was intimate; but they gradually increased in severity, and some time afterwards, well-marked symptoms of chorea manifested themselves. The choreic symptoms gradually increased, and had continued to increase up to the time I first saw her. Her symptoms were latterly accompanied with hot flushings during the day, and sleeplessness during the night. She had been under medical treatment during the whole time, but without any relief.

Having noticed that Chloral Hydrate was recommended in certain nervous diseases, I determined to test its efficacy in this case. I accordingly prescribed a full dose every night, and ordered it to be taken during the day if necessary. I also prescribed Zinci Sulph. with Ext. Belladonna in the form of pills twice daily, with an occasional mild purgative dose of Podophyllin and Rhubarb. She showed signs of improvement directly she began the use of the Chloral Hydrate, and the treatment was continued. In a very short time the symptoms entirely disappeared, and she is now quite recovered.

THE RADICAL CURE OF HERNIA.

Dr. Vans Best proposes a simple operation for the radical cure of hernia that requires neither the invagination of the parts, nor the use of plugs or buttons, whether of India-rubber or split shot. The steps of the operation are these: He uses a rather long-handled, flat nævus or hæmorrhoid needle, well bent (quite a semicircle) from shoulder to tip, of one and a half inches in diameter, not too wide, and sharpened on both sides from one-third of an inch from the point. This needle, with a plain dissecting forceps and strong salmon-gut, is all that is required for the operations. After chloroform has been fully given and the hernia reduced, the thigh must be adducted and flexed. The finger, as usual, is introduced *quite within the internal ring*, carrying the integument in front of it up the canal, whilst an assistant draws the skin of the abdomen firmly over towards the opposite groin. The threaded needle is then passed close to the finger, a small piece of wax having been moulded on its point (instead of a canula): the handle of the needle is raised, and the point pushed through the internal pillar and the abdominal parietes, close within the internal ring. The portion of gut on the convex side of the needle is seized by the forceps of the assistant, and the needle, still threaded, withdrawn through all the structures except the temporarily invaginated skin. The finger being carefully maintained *in situ*, the gut on the concave surface of the needle is slightly pulled by the assistant, while that already seized is firmly held. This facilitates the turning of the needle, and transfixion of the outer pillar (Poupart's ligament). This being accomplished, the skin of the abdomen is drawn towards the crest of the ilium, and the needle passed through the original aperture unthreaded, and the finger and it are withdrawn. There is, therefore, one scrotal and one abdominal aperture, the latter directly above the aperture of exit of the hernia. Nothing now remains but to tie firmly home the two ends of the salmon-gut, cut it short, and let it drop into the wound. A pad and spica bandage are applied, a dose of opium is given, and the patient kept in bed until the parts are well matted together. The knot of salmon-gut will either become encysted or come away, it matters little which; in either case the approximation of the pillars is certain. It is satisfactory to the operator that the assistant should pass his finger up to the internal ring, when he can distinctly feel it grasped as the ligature is tightened. It is absolutely necessary that the salmon-gut should be soaked in warm water for five minutes before being used, and that long thread should be selected. The needle should be threaded from the concave side. Dr. Best states that he has performed the operation three times, twice with complete success; the third patient was refractory.—*The Lancet.*

PUNCTURE IN GASTRO-INTESTINAL AND PERITONEAL PNEUMATOSIS.—Dr. Fonssagrives says that this operation is practised often in Bolivia, especially in veterinary medicine. It ought to be practised with a grooved needle, but a simple hyrocele trocar may be used in emergencies. If the pneumatosis is reproduced, the operation is repeated, but it is dangerous to leave in the canula any time. Dr. F. relates some cases to prove the prompt utility of the practice, and its innocuousness in the case of gastro-intestinal pneumatosis, especially when the diaphragm is pushed up by the collection of gas, so as to render asphyxia imminent. In an old man subject to constipation, and threatened with asphyxia from the development of considerable quantities of gas in the intestines, a puncture of the colon at the level of the hypogastric region by means of an exploratory trocar, gave issue to a brisk amount of gas, after which the phenomena of asphyxia ceased, and the patient's life was saved. Such puncture is likely to be of much service in strangulated hernia in order to aid the induction, especially when aspiration is combined with puncture. The views of the learned Professor of Montpelier were assented to by Bouley, Depaul, Siorry, Barthez, Verneuil, and others in the Academy of Medicine of Paris in July last.—*The Doctor.*

HOSPITAL WARDS PURIFIED WITHOUT REMOVING THE PATIENTS.

The exigencies of their own foreign and civil war have made the purification of hospital wards a matter of interest among French surgeons, at a time when so many sick and wounded persons have been brought under their care. We give an abstract of some remarks made by the Editor of *L' Union Médicale,* M. Amédée Latour, on the method proposed by M. Rabot, a pharmacist of Versailles.

The best method of attaining the end in view is, of course, the abandonment of the infected places. But this means is not, at all times, practicable, and then recourse must be had to chemical agents whose purifying and disinfecting powers are more or less efficient- The problem is to obtain freedom from infection in the wards of a hospital without removing the patients or resorting to any other inconvenient method. The solution of this problem has been attempted by M. Rabot, in a manner both simple and efficacious.

In the first half of 1868, hospital gangrene appeared twice in three of the wards, and the means of disinfection commonly employed signally failed. It then occurred to M. Rabot to make use of oxygen in the infected wards.

"Every evening," he says, "a quantity of oxygen was generated in a large iron retort and, by means of a rubber tube, was thrown into each ward in amount equal to a thousandth part the capacity of the ward. This amount seemed to us not too large for the respiratory organs of the patients. In the morning the wards were opened and aired as usual, whenever the temperature and state of the atmosphere allowed; then, after closing the windows, a second supply of oxygen was introduced. After each application of oxygen, a pinch of an odoriferous powder (cascarilla) was thrown on a hot shovel, with a view to its moral effect on the patients by rendering apparent to their senses a process which they could not comprehend. Moreover, at each extremity of the wards the following mixture was placed in a receptacle:—peroxide of manganese, 500 grammes; solution of hypochlorite of lime, 5 kilogr. This caused a constant disengagement of oxygen.

The following results were obtained. On the morning of the first day of trial, the nurses, the employés, and the patients noticed a diminution of the odor which previously had rendered entrance to the wards very disagreeable. This improvement became more marked from day to day. A feeling of freshness had replaced the disagreeable sensation of vitiated air. From day to day the wounds became normal, free suppuration was established and citatrization advanced rapidly. The experiment, which was commenced on the 15th of February, was completed on the last day of the month, every ill symptom having disappeared.

Gangrene again appeared two months later, and the trial of the same remedy was again made, with like success. The same result was also attained in another institution.

The use of oxygen was suggested by M. Rabot before the late war. During the war and after the declaration of peace Versailles was filled with wounded, and hospital gangrene appeared again in the hospitals. M. Amédée Latour is uncertain whether or not this method of purification has been continued by the pharmacist who suggested it.—*Boston Medical and Surgical Journal.*

A NEW SYRINGE FOR UTERINE INJECTION.—At a meeting of the New York Obsterical Society, Dr. B. F. Dawson exhibited a new instrument for uterine injection. It consisted of a silver tube, which is enclosed by two steel blades or valves, which can be opened by pressure upon the handles of the instrument, thus dilating the uterine canal, allowing all fluid to escape which may be thrown in by the syringe attached to the extremity of the injector-tube. The opening and closing of the valves present the additional advantage of breaking up and removing any clots which may be in the uterine cavity, and collect so as to prevent reflux.

Dr. Noeggerath said he had used the instrument, and found it a good one. Where uterine catarrh has existed a long time, and the tissues are soft and readily dilatable, the instrument will be of service; but where the disease is recent, the tissues are too firm to allow of much stretching by such an instrument. It is not the entrance of the fluid nor the exit which sometimes causes death; certain substances occasion death by reflex action resulting in an inflammation; the liquid goes to the depth of the utricular glands, which extend deep into the uterine tissue. The sesquichloride of iron, nitrate of silver and chloride of zinc have occasioned death.

Dr. J. C. Nott said he had also used Dr. Dawson's instrument, and thought it possessed many points of merit; he asked if there is danger in the injection of iron for hæmorrhage when the uterus is dilated.

Dr. Noeggerath believed the subsulphate of iron less dangerous than the sesquichloride, from the use of which he once occasioned a metro-peritonitis.

Dr. J. G. Perry said he had seen flabby uteri contract vigorously on the injection of iodine. Dr. T. A. Emmet said he had seen such vigorous contraction as to eject the iodine which had been introduced.

Dr. E. R. Peaslee said that in metrorrhœa, metrorrhagia, or hæmorrhage proper, the utricular glands are full, so that by injection he thought no fluid would pass into the glands; it is not necessary to have the injected fluid pass into the glands to get up sudden contraction, for the surface itself is very sensitive.—*American Journal of Obstetrics.*

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THE *Medical Record*, in censuring surgeons for the contemptible method of using the daily Press for advertising themselves uses the following satirical language: "Whatever may be said of the offenders in regard to their not being accessory to such acts of impropriety, it is a significant fact, that when threatened with expulsion from a Society, &c., unless some means are used to prevent further paragraphing, the notices do not appear. Perhaps from that time the ambitious individual ceases to make any more important discoveries or to perform any more skilful operations.

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BRIGHT'S DISEASE OF THE KIDNEYS DETECTED BY THE OPHTHALMOSCOPE.

BY J. F. NOYES, M.D., PROFESSOR OF DISEASES OF THE EYE AND EAR IN THE DETROIT MEDICAL COLLEGE.

Very soon after Dr. Bright, of London, in the year 1827, first called attention to that peculiar disease of the kidneys now called by his name, the pathology of which to-day can hardly be considered as definitely settled, earnest inquiry began to be made into the cause of the failure of the power of vision which in so many cases accompanied this disease. At one time it was supposed that the partial or total extinction of vision in these cases was due to uræmic intoxication, and hence it was called uræmic amblyopia or amaurosis. The practical application of the ophthalmoscope, however, has led to an entire elucidation of the subject; it has disclosed the fact that the real source of the troubled vision is to be found in an extravasation into the retina accompanied by inflamation. Abundant clinical experience with the ophthalmoscope goes to show that we are now able by these objective symptoms alone unmistakably to detect Bright's disease of the kidneys.

The following case, taken from a number of cases that have come under my observation, will serve as an illustration:

H. S., November 24th, 1869, a healthy looking country youth from the farm, about twenty-two years of age, came to consult me on account of a recent rapid failure in his sight. A trial with Jæger's test type showed that he was barely able to make out No. 18, letters nearly half an inch long, everything appearing to him as if seen through a thick mist. He can see best when the light is not too strong. He had none of the usual attending subjective symptoms of Bright's disease, and had complained only of pain at the back of the head for about six weeks, since which time his sight had began to fail him; had never contracted any disease or been sick before the present attack.

On examination of the right eye with the ophthalmoscope, the pupil dilated with atropine revealed the optic disc injected (hyperæmia), swollen and œdematous; arteries barely perceptible; veins swollen and tortuous; near the papilla optica there was a well defined white deposit or patch, and another still larger near the macula lutea, on the upper and outer side, irregular in shape. From these objective symptoms alone my diagnosis was at ance made out, viz., retinitis albuminurica in the acute stage from Bright's disease of the kidneys. An examination of the urine, made subsequently, confirmed the diagnosis, it being heavily charged with albumen. He was put upon treatment. Living far away, I lost sight of the case. The year following, however, I was gratified to learn that he had regained his sight. —*Medical Advance.*

Extract of Pinus Canadensis.—Dr. J. Marion Sims, in the *Medical Gazette*, says that for many years Mr. Kennedy was engaged in making hemlock extract for tanners' use, which he shipped in large quantities to various parts of the country. The workmen engaged in manufacturing this impure commercial extract accidentally discovered that it was a valuable application in cuts and bruises, and in some cutaneous diseases, and also that it was a valuable remedy in diarrhœa and dysentry. One of his workmen who had experienced the benefits of this crude article in a case of diarrhœa, concluded to try it locally for hæmorrhoids, a disease from which he had suffered ten or twelve years. In five or six days he found himself greatly relieved, and in three months he was wholly cured.

Mr. Kennedy then made an infusion at 150° F., evaporated *in vacuo*, from about 20 degrees (by what the tanners call the barkometer) to 250 degrees, which makes a constant and uniform fluid extraet, without the addition of acid or alcohol, and which does not ferment in any climate or any extreme of temperature.

Dr. Sims has tried this new extract of Pinus Canadensis for about eight months in some affections of the rectum, vagina, and cervix uteri; he has used it, considerbly diluted, as a vaginal wash, with great success; but prefers to apply it to the os tincæ on cotton wool, either pure or mixed with glycerine, or glyercine and rose water. Thus applied, it should remain intact for two or three, or even four days, and then be renewed. In this way he has seen chronic granular vaginitis that had resisted the ordinary remedies for weeks; and granular erosions, with leucorrhœa, disappear very rapidly.—*The Doctor.*

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PROFESSIONAL EXAMINATIONS. — The following were the questions in Surgical Anatomy and the Principles and Practice of Surgery submitted to the candidates for the diploma of Membership of the Royal College of Surgeons, London, at the last examination: 1. Describe the inguinal canal, its boundaries and relations to other structures, including hernial protrusions. 2. What are the causes and the immediate and remote consequences of sudden extravasation of urine? What treatment would you adopt in such a case? 3. Give the pathology of non-traumatic aneurism, from its commencement to its termination. 4. Describe the operation known as Chopart's, and the relative position of the various parts cut through in this amputation. 5. How are scirrhus and medullary cancer distinguished in the living subject? What organs does each form specially affect, and at what ages do they respectfully occur? 6. By what form of accident is discolation of the head of the femur backward usually caused? Describe the two discolations in this direction, the deformity existing in each, and the proper method of reducing them. The following were the questions on the Principles and Practice of Medicine, viz: 1. Describe a case of tubercular meningitis in a child, from the appearance of premonitory symptoms to the termination in death. 2. Give the symptoms of diabetes mellitus, with the methods of analyzing the urine; also, the treatment by medicines and diet. 3. Write a prescription in full for hemoptysis, gastrodynia, and dysentery; also, a prescription for an aperient draught and a sleeping draught. There were fifty-four candidates, of which number five were rejected on the first day, and twelve on the second.

ON THE TREATMENT OF SYPHILIS BY HYPODERMIC INJECTIONS OF CORROSIVE SUBLIMATE.—Dr. R. W. Taylor, Surgeon to the New York Dispensary, made a series of observations with this method of treatment during a period of eighteen months. He thus treated fifty adult males and females, and his conclusions are that, while there are some striking merits as to the method, it has certain disadvantages which are often inseparable, and materially limit the use of the treatment. He thinks that the early secondary and even late secondary rashes will disappear very quickly by the use of mercury in this form, and that the quickness with which it releases syphilitic neurosis is sometimes extraordinary. He thinks that pustular syphilides, or conditions of the system in which there is a tendency to produce pus, should be considered as contra-indicating circumstances, for the reason that perhaps the site of the injections might soften down and take on the ulcerative tendency. He confirms the results of other observers, who found that there were advantages in the treatment in the smallness of the dose, its rapidity of action, and the absence usually of systemic disturbance. In ordinary cases he injected one-eighth of a grain of the corrosive sublimate dissolved in twelve drops of water every day under the integument of the back, and cured the case in from three weeks to two months. In infant cases he used sometimes two such injections each day, and never produced any salivation, and very rarely slight stomatitis. The cases in which this active treatment was used were those in which the eruption appeared upon parts readily seen, or in which the rheumatoid pains were excessively severe. He does not think that the treatment is beneficial in syphilis of the nervous system or of bone, and that in cases of mucous patches, condylomata lata, and iritis a local treatment is absolutely necessary in combination with the internal. He thinks that relapses occur just as quickly and as severe and as frequent with this as with any other treatment. The objections to the treatment are pain at the punctures and upon the site of injection, induration of the tissues, and abscesses. The symptoms of pain are sometimes so severe as to render a continuance of the treatment wholly inadmissible, whereas in others it is slight and only of short duration. The induration of the connective tissue generally rapidly disappears, but it may persist so long and render the integument so hard and brawny that another treatment is necessitated. Dr. Taylor had in all two abscesses, but he thinks that with a solution of the strength he has latterly employed, and with care in its injection, they will rarely if ever occur. He thinks it is well to use the treatment only on intelligent patients who can understand the benefits held out to be derived from it, for among the ignorant it is often looked upon as experimentation, and that, as it involves some pain, the patient should be impressed with the gravity of his case in order that he may submit to the pain, however slight, which it produces. He also thinks that the frequency of the injections, which should be administered by the physician, in many cases would render the treatment too expensive to continue it. Finally, that, while it has its advantages, it is necessarily limited in its sphere of application by the inconveniences which it produces, the patient's objections, and by the presence of contra-indicating lesions.—*Medical Gazette.*

Perforation of the Uterine Walls by a Sound.—Dr. Alt, in his Gynæcological Clinic (*Centbltt. f. d. Medicinisch. Wisschftn.*, Dec. 10, 1870, from *Berliner Klin. Wochenschr.*, No. 42, 1870), describes two cases, occurring in newly-confined women, in which a sound was passed into the uterus far beyond the customary depth —17 to 13 cm. respectively. No hemorrhage followed in either case, nor any symptoms of peritoneal disease. Dr. A. concurs in opinion with Hœnig, that in both the above cases there occurred a perforation by the sound of the walls of the uterus, which can readily take place, without the employment of any objectionable force in the use of the instrument, when the uterus is in an atrophied condition, a common occurrence in the puerperal state. The explanation given by Matthews Duncan, and Hildebrand, of the character of these cases—namely, that the sound passes into the abdomen through one of the Fallopian tubes—is shown by Dr. Hœnig, in his analysis of the cases on record, to be untenable; but more especially is the incorrectness of the opinion proved by the observations reported by Dr. E. Martin, in the second edition of his work on *Displacement and Curvatures of the Uterus.* On laying open the abdomen in one of the cases similar to those reported by Dr. A., he actually saw that the sound had passed into the abdominal cavity through the wall of the uterus.—*Am. Journal of Medical Sciences*, July, 1871.

SULPHATE OF IRON AS A LOCAL APPLICATION IN PHLEGMASIA DOLENS.—Dr. R. W. Crichton was led many years ago to employ the sulphate of iron as a local application in phlegmasia dolens, from the great success reported by Velpeau from its use locally in erysipelas. It had been employed exclusively in that form of phlegmasia commencing at the calf of the leg and extending upwards to the groin, where the veins are chiefly involved. It had been applied as a lotion (twenty or thirty grains to one ounce of water), as hot as the patient could comfortably bear it, generally by means of spongio-piline. All the cases so treated had made good and rapid recoveries, contrasting favourably with cases formerly treated by leeching and ordinary hot fomentations. Muriated tincture of iron was, at the same time, given in large doses. The same method of treatment was suggested in other cases of phlebitis. The action of these remedies was referred to their power of controlling vascular dilatation, and also to their antiseptic powers.—*British Medical Journal*, August 26, 1871.

DIPLOMA FORGERY IN ENGLAND.—It would appear that a traffic in diplomas, even more dishonest than the traffic in degrees "in Absentia," is going on in England. The *British Medical Journal* gives a narrative of circumstances which have led to the discovery of the affair and illustrates the impossibility under English law of obtaining anything like protection for public life and limb. A stationer in Holborn was applied to, to insert in a form of diploma, the name of the person who handed it to him. The diploma was from New York and was duly attested by the names of the examiners and the college seal. The stationer, when the customer had departed, suspected that the parchment was not all right, took it to the College of Surgeons, where, on further inspection, it was ascertained that the names of the examiners were all forged by facsimile lithography. After unceasing efforts to arouse some action on the part of diplomatists and the law, Mr. Trimmer was at length obliged to get the document photographed as the only protection possible against the carrying out of the fraud.—*Medical Press and Circular*,

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of every Month.

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto*

TORONTO, DECEMBER 1, 1871.

CRIMINAL ABORTION.

This may be considered the crime of the period. That it is fearfully on the increase, both here and in the United States, is but too painfully apparent; nor is it confined to that unfortunate class whose only fault is that they have "loved too well," but prevails to an alarming extent even among otherwise respectable married women. The various modes of preventing conception, and of destroying the offspring of their womb, are subjects of common conversation, and no more is thought of it than if it were a duty imposed upon them which they felt bound to perform. In reference to this crime there is a moral obliquity pervading all ranks of society that is truly appalling. In the wealthier circles it is "not fashionable" to have a large family, and the poorer classes are "not able to support a large family," and such persons find ready means of accomplishing their criminal designs. The press teems with advertisements of female pills for the relief of all female irregularities and obstructions accompanied by the *well known caution* for the pregnant woman to avoid them; and when these fail the *professed abortionist* is resorted to. Some of these vile wretches are to be found in every community, and more especially in all the large cities. These traffickers in human life, live and flourish on the blood they spill.

The facility for obtaining drugs for procuring abortion is one of the most prolific causes of the increase of this crime. There is not a single difficulty in the way; Clark's Female Pills, Hooper's Female Pills, and hundreds of other nostrums are for sale in all our drug stores, and in many of our groceries also. The sale of these drugs is immense; it is estimated that in the United States upwards of a million dollar's worth are sold annually, and the matter-of-business way with which even respectable druggists sell violent and noxious drugs to women far advanced in pregnancy is one of the most alarming features of this trade. The misery and demoralization of body and soul that is entailed by this traffic is fearful to contemplate, and yet it exists to an alarming extent in our very midst. And what are the authorities doing to prevent it? Literally nothing. Thousands of living beings are destroyed every year and mothers rendered miserable and unhappy for life, yet no notice is taken of it. The press and the pulpit feel a delicacy in handling this matter, and a feeling of false modesty prevents them from doing their duty. These are things that are not for "ears polite." They are too vulgar to be discussed; too immoral to be entertained; too hideous to be exposed. It is not to be supposed for one moment that among these are to be found any who are apologists, or any who are wholly indifferent regarding such matters. Then why not speak out? Why should we shut our eyes to facts which are becoming more apparent every day of our lives, and why continue in our quiet way without making any effort to stay all this wickedness?

If there be any who are skeptical on such matters let them enquire into the subject a little. Visit our asylums, prisons, &c.; obtain some estimate of the amount of drugs sold for criminal purposes, and let them judge of the results. These matters should be fully discussed and brought prominently before the legislature, in order that measures may be taken to lessen an evil of such magnitude. Nothing short of the most stringent enactment, prohibiting the sale of all drugs calculated to produce abortion—under a severe penalty,—will be of any avail in arresting the progress of this wide-spread evil. The severest punishment should also be meted out to those degraded specimens of humanity whose sole occupation is to pervert the highest function of woman's nature, and to turn blessings into cursings.

* * *

A movement is being set on foot in this city to call a meeting of the medical profession for the purpose of taking into consideration the propriety of applying to the legislature for an enactment to provide for the taxing of medical bills in the same way as is done in the case of lawyers; for better protection against the institution of actions for malpractice, and for other purposes. It is proposed to take action in this matter before the meeting of the Council in December, and to have the subject brought under their notice.

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.

A meeting of the Executive Committee of the College was held in this city on the 21st ult., Dr. Thomas Pyne in the chair. Several important matters were discussed, and the following resolution was unanimously carried:—

Moved by Dr. Covernton, seconded by Dr. Hamilton—"That after an exposition of the views of Drs. Campbell, Adams and Hopkins, Homœopathic and Eclectic members of the Executive Committee, relating to the concessions they insist upon with the threatened alternative of an appeal to the Legislature, the territorial representatives of the Colleges and Universities, also members of the Executive Committee, do not, upon careful consideration, think that the power of changing a decision arrived at by the Council rests with the Executive Committee; but in evidence of their desire to do justice in the premises they are willing to petition for a convention of the Council within three weeks from the date of this meeting, and to request the President to convene the Council within a week from the present time."

The meeting, which was held with closed doors, was then adjourned.

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Note.—With this number we enclose accounts to subscribers and beg to inform the few who are still in arrears that we will be most happy to receive their remittances and return the proper acknowledgment. If any who have remitted have failed to receive receipts, they will please inform us at once.

After the 1st of January, 1872, it is our intention to adopt the cash in advance system.

BRITISH DIPLOMAS IN CANADA.

At the last meeting of the Medical Council the question was raised by Dr. Dewar as to whether or not British diplomas were alone sufficient to entitle the holder to practice in Canada. After some discussion on the subject, it was resolved that the President, Dr. Covernton, be requested to communicate with Sir John A. McDonald, and obtain his opinion on the question. Accordingly, a week or two after the Council was prorogued, the President addressed the Premier on the subject and received an immediate reply to the effect that, as Minister of Justice, the matter did not come within his jurisdiction, but that he would transmit the letter to the Hon. John Sandfield McDonald with a request that he would promptly reply. No notice was taken of it, however, by the head of our Local Government; but as the President happened to be in Toronto a few weeks ago, he, with Dr. Aikins, called upon the honourable gentleman. He informed them that, as Attorney-General, he was only called upon to give a legal opinion to the Cabinet, and that they must obtain the advice of counsel. In course of conversation, however, he admitted that there was no question that in all civil matters the Legislature of Ontario was supreme, thereby settling the question that our British *confrerés* who have obtained their diploma subsequent to the passing of our Act, must comply with the requisitions of the Council.

CRANIOTOMY.

Dr. Adams, of Gravenhurst, sends us a report of a case of craniotomy, in which the child was born alive. He closed the wound, and put six stiches in the scalp. The child seemed healthy and strong; but two days afterwards the wound opened and swelling to some extent occurred. Subsequently the scalp began to slough, and carbolic acid dressing was applied. The child lived three weeks. It did not appear to suffer from injury to the brain; but seemed to weaken gradually and die of exhaustion. He asks what treatment would be advisable in such a case? We would say that in cases in which craniotomy is resorted to, it would be better to so mutilate the brain as to prevent the possibility of the child being born alive.

CORRESPONDENCE.

(To the Editor of the Lancet.)

Dear Sir,—I wish, through the medium of the "*Lancet*," to draw the attention of the profession to the curative property of Carbonate of Iron, in Intermittent and Remittent Fevers. These occur frequently here, and their treatment by Quinine alone has in my hands (as it has in the hands of many other practitioners), frequently failed. I will append the formula that I have used in eleven cases of the various types of the above diseases, and without failure in one single instance.

℞—Ferri. Sub. Carb.,	℥ ss.
Quinia Sulph.,	℈ iss.
Syr. Simplex,	℥ vj.—Mix.

Sig.—A teaspoonful four times a day.

I am also in the habit of giving a ten grain powder of Podophyllin every second night for three or four nights. The above treatment has been successful where Quinine, pushed until cinchonism was induced, had failed.

I wish some of the readers of the "*Lancet*" would give this remedy further trial, and report what success they may have from its use.

Yours respectfully,

Henry R. Brissett, M.D.

St. Johns, Nov. 10th, 1871.

(To the Editor of the Canada Lancet.)

Sir,—May I ask through your columns if it is actually necessary that a licensed practitioner should produce his Diploma and Certificate of Registration in Court every time any party wishes to ask it, notwithstanding its having been produced on two or three former occasions in the same Court?

On the 9th of May last I lost my Diploma and Certificate of Registration by fire; since then I have had some cases in Court, and the Diploma, as well as the Certificate of Registration, were demanded—neither of which I had at the time. But for the fact that the Judge recognized me as having produced the documents previously, I should have lost my bill entirely.

Is it necessary that I should have them replaced? There are many in Ontario who are not registered at all, and collect bills. Now, will you be kind enough to inform me what is really the law in such cases, and oblige.

Yours, &c.,

Dr. J. Adams.

Gravenhurst, Oct. 25th, 1871.

[The Act states that the "*Ontario Medical Register*," for the time being, is *prima facie* evidence in all courts of law that the person therein named is duly registered.]—Ed.

To the Editor of the Canada Lancet.

Sir,—Instead of having an opportunity of contributing to your widely circulated and exceedingly entertaining journal, "*The Canada Lancet*," through the communication of some intricate malady which may have fallen under my observation, or endeavoring to acquire some reputation by my powers of delineation, I am compelled to act the part of an inquirer, hoping that some party will be found among your numerous readers who will suggest something that may be of service in the following case:—

Mrs. W.—æt. 30, the mother of six children—youngest over four years old—of a nervous bilious temperament, very spare in body, never very sick but always "*not very well.*" I was first called to see her about three years ago. I found her suffering from a severe bilious attack. I gave her a dose of Pulv. Jalap. et. Hydrarg. Chlor., and repeated it again three days after. This had the desired effect; but as she was recovering from her biliousness she began to complain of her left eye, which she said felt "like running out of her head." Upon examination I found a continual twitching of the eye-lid, which kept incessantly at work. I tried almost everything, consulted with my medical brethren in the neighborhood, but the result of our combined wisdom has thus far proved an entire failure. I tried Strychnia, Bromide of Ammonium, and Bromide of Potassium, but to no purpose. About a month ago I commenced the application of electricity. After using this for an hour or so at a time, she appeared to be all right; and she and her husband were both of opinion that she was getting better,—but it has failed to produce any decided improvement. What treatment would be advisable in this case?

Yours truly, A. J. C.

Eastwood, Nov. 8th, 1871.

[Try atropine or belladonna locally; pills of aloes and asafœtida at night, and a tonic mixture of iron, strychnine and quinine.—Ed.]

TORONTO HOSPITAL REPORTS.

FUNGUS HEMATODES TREATED WITH CUNDURANGO UNDER THE CARE OF DR. BETHUNE.

(Reported by Mr. L. M. More—Trinity College, Medical School.)

Thomas Ellis, æt. 60, a laboring man, came into the Hospital in September with a large vascular tumor on his left groin. He states that it first appeared in March, 1871, in the form of a small lump. This gradually increased in size, though it caused him very little pain till after harvest, when it became exceedingly painful. When he came to the Hospital a poultice was applied to the part, and about three days afterwards it broke, and a great deal of matter, described as resembling bruised blood, escaped. At present the tumor is about the size of a child's head,—hard, dark-looking and exceedingly painful. The patient complains of loss of sleep and anorexia; bowels constipated; urine natural in quantity, but highly colored; pulse 90, small and weak; respiration 22 per minute. He is much prostrated.

He commenced to use the Cundurango bark on the 19th of October, and, being very weak, tonics were also administered as recommended.

20th. Is much weaker, but the pain in the tumor is greatly relieved; the discharge has ceased; pulse 96, and weak; respiration 24 per minute; tongue moist and coated white; no appetite; bowels constipated; urine highly colored; skin cool and moist; prostration very great. The patient being so very feeble the dose as recommended was reduced to one table-spoonful three times a day, before meals,—he having been taking the usual dose, two table-spoonfuls.

21st. To-day the pain is as great as ever, and there is a slight discharge. The patient is a little stronger, however,—he slept well during the night. The pulse 92, and weak; respiration 23; skin cool and moist; tongue moist and coated white; appetite still very bad; bowels relaxed; urine highly colored. A small quantity of whiskey was now ordered to be given with the tonic. The cundurango was to be given before meals, and the tonic and whiskey one hour after.

22nd. Feels much stronger and better in every respect, and there is not much pain in the tumor. The discharge has again ceased, but there is no visible change in the tumor; the tongue is coated; appetite much improved, having eaten a piece of meat for the first time since he came to the hospital; bowels costive; pulse 90, and tolerably strong; respiration 22; skin cool and moist; urine highly colored.

23d. A marked change in the difference of the patient. He seems to be in high spirits, in marked contrast to his former dejected look. Says he feels like a new man. Slept well during the night. Pain in tumor much relieved. There is a slight discharge. Pulse 96, tolerably strong and pretty regular. Respiration 21 per minute. Complains for the first time of cold sweats. Appetite improving, and he feels stronger; tongue coated, bowels constipated. Urine not so high coloured as formerly.

24th. Still improving. Slept well. The tumor broke in a fresh place, and almost a cupful of bloody-looking fluid escaped. Pain slight, tumor only slightly reduced in size. Pulse 90, tolerably strong. Re spiration 22, tongue dry and coated, bowels constipated, appetite not so good as yesterday. Still troubled with cold sweats. Urine prett y natural. Ordered a cathartic and also twenty minims of dilute sulphuric acid.

25th. Feels better. Pain slight. He says the pain is always most severe in the afternoon. Pulse 92, weak. Tongue coated. Appetite worse than yesterday; but this may be from the fact that he ate some pastry brought him by a friend. Respiration 23, skin cool and moist. He slept well during the night, and feels very comfortable. Bowels constipated. Discharge going on.

26th. No change since yesterday, only that the tumor looks much redder. It is of a bright red color, and still discharging.

Nov. 1st. Very weak. Patient got up last night for the nurse to make the bed, and the tumor burst and a large quantity of blood escaped. No appetite, skin hot, pulse 84, respiration 20. He sleeps well. Tongue coated, bowels not moved for three days.

For the next four days the patient continued about the same, very weak, no appetite. Expressed a desire for some corn starch Pulse about 96, tolerably strong, very little pain, slept pretty well. Respiration 19 per minute. Skin natural. On the 5th he got an enema, and on the same day on getting up the tumor burst again, and bled so profusely that hemostatics had to be employed.

6th. Feels very comfortable, and a little stronger; but the appetite is not improved. No pain, tumor a little reduced in size.

From this time the patient gradually grew weaker and weaker, and the stomach become so irritable that the cundurango had to be discontinued. He died on the 16th Nov. 1871.

[Of course the above was an exceedingly bad case; but, so far as we have been able to test this remedy, it has proved an utter failure, and we would not recommend any of our readers to invest in it.—Ed.]

BOOKS AND PAMPHLETS RECEIVED.

The Druggist's General Receipt Book: Comprising Copious Veterinary Formulæ; with Numerous Recipes in Patent and Proprietary Medicines, Druggists' Nostrums, etc.; Perfumery and Cosmetics; Beverages, Dietetic Articles, and Condiments; Trade Chemicals, Scientific Processes, and an Appendix of Useful Tables. By Henry Beasley, Author of the "Book of Prescriptions," etc. Seventh American from the Last London Edition. 8vo., pp. 497. Philadelphia: Lindsay & Blakiston, 1871. Price, $3.50.

The Physicians' Dose and Symptom Book: Containing the Doses and Uses of all the Principal Articles of the Materia Medica and Officinal Preparations. By Joseph H. Wythes, A.M., M.D., Late Surgeon U.S. Volunteers, etc. Tenth Edition. 18mo., pp. 277. Philadelphia: Lindsay & Blakiston, 1871.

The Physician's Visiting List for 1872. Twenty-first year of its Publication. Philadelphia: Lindsay & Blakiston.

POCKET ANATOMIST: Containing a Concise Description of the Structure of the Human Body. Third Edition with Corrections and Additions. By C. E. Isaacs, M.D. New York, William Wood & Co.. 1871.

MEDICAL EDUCATION IN AMERICA: Being the Annual Address read before the Massachusetts Medical Society, June 7th, 1871. By Henry J. Bigelow, M.D. Cambridge: Welch, Bigelow & Co., 1871.

THE PHYSICAL DIAGNOSIS OF BRAIN DISEASE. By Reuben A. Vance, M.D.

In this reprint Dr. Vance advocates the use of four different instruments with which the physician may diagnose the physical signs of brain affection, and concludes as follows:

1. The thermometer indicates local variations of temperature. In some cases of nervous disorder, Dr. Brown Sequard says that the difference between the two sides may exceed 12°.

2. The dynamometer registers the comparative strength of the two sides, and in cases of disease determines the side of the brain in which it exists with the greatest intensity.

3. In like manner, the æsthesiometer indicates the comparative sensibility of the two lateral halves of the body, and affords like information as to the site of the cerebral disease.

4. The ophthalmoscope enables us to demonstrate the condition of the cerebral circulation, and thus discover the immediate cause of the brain symptoms. In the vast majority of cases, this will be a state of hyperæmia. In some, however, anæmia will be the cause. In certain cases, local extravasations of blood can be seen in the retinal structures, together with very intense congestion. Should organic disease be present, it, in the majority of instances, will be indicated by structural changes in the optic disc of the side on which it exists.

ANNOUNCEMENT OF THE DETROIT MEDICAL COLLLEGE.—The new catalogue of this institution is before us. Its advertisement may be found in another column. We notice that by a new regulation, "*this school will not graduate those who have attended their first course of lectures within six months of the beginning of the term,*" thus removing one of the great objections to spring schools.

BOOK NOTICES AND REVIEWS.

Practical Therapeutics: Considered chiefly with reference to articles of the Materia Medica. By Edward John Waring, M.D., F.L.S. Second American from the third London edition. Philadelphia: Lindsay & Blakiston, 1871. Toronto: Willing & Williamson.

We have risen from the perusal of the above new edition of "Waring's Practical Therapeutics," with unqualified admiration of the skill and judgment which the author has displayed in the additions and improvements he has made on his former work. Less voluminous than Stille's, which partakes more of the character of an Encyclopædia, the work of Dr. Waring contains a vast fund of practical matter, which is at once easily accessible without the trouble of consulting whole libraries on the subject of which it treats.

This latter qualification will commend itself especially to those members of the profession whose numerous engagements preclude them from systematic study, and yet who are desirous of keeping pace with the present advanced state of knowledge, with comparatively little expenditure of time or money.

We recommend it cordially to the profession, as one of the most useful works on "Practical Therapeutics" that has been issued from the press for a long period.

Essentials of the Principles and practice of Medicine. A handbook for students and practitioners. By Henry Hartshorne, A.M., M.D. Third edition thoroughly revised. Philadelphia: Henry C. Lea, 1871. Toronto: Willing & Williamson. Price $2.

This edition has been revised with great care, and consider able pains have been taken by the author to supply omissions and add whatever has seemed most valuable in the recent advances of medical science. While the work contains much in the nature of compilation, it is not wholly devoid of originality, and although brevity has been aimed at on all subjects, the most extended consideration is given to those which especially require the attention of the student on account of their difficulty or importance. It is fully abreast of the advanced state of medical science, and will, therefore, be found exceedingly useful to those whose time is too much occupied to enable them to read up the recent and more elaborate works on medicine.

The Functions and disorders of the Reproductive Organs in Childhood, youth, adult age, and advanced life, considered in their physiological, social and moral relations. By William Acton, M.R.C.S., etc., etc. Third American, from the fifth London edition. Philadelphia: Lindsay & Blakiston, 1871. Toronto: Copp, Clark & Co. Price $3.

Mr. Acton has performed a most valuable service to society in the production of this little work. It is a clear and concise epitome of the whole subject, and were its contents more familiar to parents, teachers, etc., society would be better protected against many of the evils which arise from ignorance and abuse of the functions of generation. The author handles without gloves all *pseudo*-medical sensational works, quackery, and those indecent advertisements which are a curse to the community in which they circulate. The work has been thoroughly revised and re-written, and does credit alike to the author and publisher.

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A "SOLLY MEMORIAL" has already made good progress, more than £300 having been subscribed in memory of that amiable surgeon. A scholarship and a bust are talked of.

APPOINTMENT.—Thomas White, Jr., of the City of Hamilton, Esquire, M.D., to be an Associate Coroner within and for the County of Wentworth.

A PRESERVATIVE FOR SURGICAL INSTRUMENTS.—Mr. Spiller, the eminent chemist, contributes to the *Photographic News* a paper on nickel-plating. He suggests the universal application of this process to all steel instruments and declares it is a perfect and lasting preservative against rust and corrosion. He caused a regulation sword to be so plated and has ascertained that it is perfectly secured against rusting in wet weather, and easily kept in condition by simply wiping it with washleather. A small bar of steel similarly coated has been repeatedly immersed in water for hours together, and even immersed for days, without in the least tarnishing its surface. There is no direction in which this invention will be as applicable as to surgical instruments.—*Medical Press and Circular.*